

~Medical, Photo and Liability Release Form~

(Completed by Parent or Guardian – Please Print)

Confirmand's Name _____ School _____ Grade _____

Confirmand's _____ Confirmand's _____

Cell Phone # _____ Email address _____

This Medical Release Form will cover all activities of Royal Redeemer Ignite Ministry Program for the year _____.

My son/daughter has my permission to participate in Royal Redeemer's Ignite Youth Ministry activities at Royal Redeemer. I agree to instruct my child to cooperate with Royal Redeemer and its agents in charge of the activity.

Parent Signature

Indemnification and Photo Release

(Circle One) **Yes / No** - I, the lawful parent or guardian of _____ (the child), release from all liability, and indemnify and hold harmless Royal Redeemer Lutheran Church, Liberty Twp, and the offices, agents, representatives, volunteers, and employees of Royal Redeemer thereof ("agents") from any liability, actions, causes of action, claims, judgments, cost or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in or traveling to or from the activity.

(Circle One) **Yes / No** - I agree that Royal Redeemer Lutheran Church or its agents may use my child's portrait or photograph for editorial purposes, office functions, and hereby release Royal Redeemer Lutheran Church and its agents from liability resulting from such use.

(Circle One) **Yes / No** - I also agree to allow photographs of my child to be used on Royal Redeemer Lutheran Church's Website and Facebook for the promotion of Blaze Youth Ministry events.

Signature of Parent or Guardian

_____/_____/_____
Date

Home Phone #

Address _____ City/State _____ Zip _____ Cell/Work Ph _____

Parent or Guardian Email _____

Emergency Contact(other than parent) _____ Phone _____

Medical Information

Confirmand Name _____ Birth Date _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Company _____ Policy Number _____

Member's Name _____ Home Ph# _____ Cell# _____

Family Doctor _____ Phone# _____

PART 1 -TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians or dentists concur in the necessity for such surgery and are obtained prior to the performance of such surgery.

Date _____ Signature of Parent/Guardian _____

PART 2 – TO REFUSE CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the confirmation authorities to take NO action or to: _____

Date _____ Signature of Parent /Guardian _____

Please return this form to Royal Redeemer Lutheran Church, 7127 Dutchland Pkwy, Liberty Twp, OH 45044

Please notify us if any information given below changes throughout the year. Thank you.