THE LUTHERAN CHURCH – MISSOURI SYNOD
MISSOURI DISTRICT – YOUTH MINISTRY
MEDICAL CONSENT AND LIABILITY RELEASE FORM

This form must be completed and carried by all participants and a copy given to group leader.
This form must be signed by parent/guardian of participants under 21.

Please type or print in ink

PARTICIPANT NAME: (Last) _____(First) _____
BIRTH DATE:_____ MALE: _____ FEMALE: _____
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
HOME PHONE:_____ DAY PHONE:_____
CUSTODIAL PARENT/GUARDIAN: _____
HOME PHONE:_____ DAY PHONE:_____
HOME ADDRESS (IF DIFFERENT): _____
HEALTH PLAN CARRIER: _____
NAME OF INSURED: _____
RELATIONSHIP TO PARTICIPANT: _____
POLICY HOLDER/INSURANCE ID#: _____
FAMILY DOCTOR: _____
OFFICE PHONE: _____ MEDICAL EXCHANGE: _____
FAMILY DENTIST: _____OFFICE PHONE: _____
SECOND PARENT OR EMERGENCY CONTACT: _____
RELATIONSHIP TO PARTICIPANT: _____
HOME PHONE:_____ DAY PHONE:_____

Consent and Release Form

I understand that the Missouri District of the Lutheran Church Missouri Synod for which this medical Consent and Liability and Activity Release Form is being given is described as follows:

All calendared and registered events for the Missouri District of the Lutheran Church Missouri Synod for youth and adult leaders for calendar year _____ **(YEAR).** The events include, but are not limited to, Missouri District Senior High Youth Gathering, Spring and Fall Junior High Retreats, Peer Ministry Training, Lutheran Youth Fellowship (LYF), National Youth Gathering (NYG), these events may include, but are not limited to, mass plenary events, smaller group interest center workshops, service projects, fellowship and experiential learning activities.

I hereby consent to participation of myself (or of my child) in the above-described Missouri District of the Lutheran Church Missouri Synod events. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, Worship, sight-seeing, using public transportation, and meal functions, the participant also may choose to participate in various recreational sports activities or service projects that may involve additional risks, such as: jumping, running or other physical movements during sports activities; or using tools or ladders or other equipment while taking part in the community service projects.

I understand that I have the duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I RELEASE AND FOREVER DISCHARGE THE MISSOURI DISTRICT OF THE LUTHERAN CHURCH – MISSOURI SYNOD, IT AGENCIES, AND _____ **(NAME OF HOME CONGREGATION),** THEIR AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES AND CAUSES OF ACTION EITHER AT LAW OR IN EQUITY THAT I MAY HAVE AS A RESULT OF MY [OR MY CHILD'S] PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE EVENTS. FURTHERMORE, I DO HERBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE MISSOURI DISTRICT OF THE LUTHERAN CHURCH – MISSOURI SYNOD, ITS AGENCIES, AND _____ (**NAME OF HOME CONGREGATION),** ITS AGENTS, AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE GATHERING OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR PARTICPANTS AGE 21 AND OVER:

_____ _____ _____

Participant Signature Date Witness

FOR PARTICIPANTS UNDER AGE 21:

_____ _____ _____

Parent/Guardian of Participant Date Witness
(If participant is under 21)

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

This form must be completed and signed by parent/guardian of participants under 21.
A parent/guardian signature is needed for participants to take part in Gathering activities.

(I) (We), the undersigned parent(s) and/or natural guardians(s) of _____ (Dependants Name), a minor, do hereby authorize my child's congregational Family Group Adult Leader, (and/or any other adult appointed or designated by him/her) to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a)employ physicians, surgeons, dentists, nurses, and other care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care, and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign the AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time my child is participating in the Missouri District LCMS events and during travel to and from the Missouri District LCMS events.

_____	_____	_____	_____
Parent/Legal Guardian	Date	Parent/Legal Guardian	Date

EMERGENCY MEDICAL INFORMTION FORM

Please complete so that health providers can be aware of your personal health needs.
This form must be completed and carried by all Missouri District Event participants.

Name of Participant: _____

Does Participant have: (If "Yes," explain)

☐ Yes ☐ No ALLERGIES? _____
☐ Yes ☐ No HEART CONDITION? _____
☐ Yes ☐ No OTHER? _____

Is participant subject to: (If "Yes," explain)

☐ Yes ☐ No HEADACHES? _____
☐ Yes ☐ No SEIZURES? _____
☐ Yes ☐ No MOTION SICKNESS? _____
☐ Yes ☐ No FAINTING? _____
☐ Yes ☐ No SLEEP WALKING? _____
☐ Yes ☐ No UPSET STOMACH? _____
☐ Yes ☐ No OTHER? _____

Does participant have reaction to: (If "Yes," explain)

☐ Yes ☐ No BEE STING? _____
☐ Yes ☐ No PENICILLIN? _____
☐ Yes ☐ No OTHER DRUGS? _____
☐ Yes ☐ No POISON IVY, OAK, SUMAC? _____
☐ Yes ☐ No OTHER? _____
☐ Yes ☐ No Has the participant had any serious illness or surgery within the past ten Please List: _____
☐ Yes ☐ No Does the participant have any condition that would prevent him/her from participating in Any Missouri District events? Please List: _____
_____
_____

☐ Yes ☐ No Does the participant take an prescription medication? Please list:_____
_____
_____

☐ Yes ☐ No Are any drugs ineffective in treatment? _____
☐ Yes ☐ No Is the participant diabetic? Medication? _____
☐ Yes ☐ No Does the participant have any sight or hearing impairment? _____
☐ Yes ☐ No Does the participant wear contact lenses? _____
☐ Yes ☐ No Does the participant wear hearing aids? _____

Blood Type: _____ Date of last Tetanus shot? _____

A current tetanus shot is required. After 7 years another tetanus shot is recommended.

Please indicate ANYTHING else that the leaders should know to help avoid or deal with any medical situation that might arise: