

Shepherd of Life Youth Ministries
Parent/Guardian Consent/Release Form

This form covers all Shepherd of Life Lutheran Church of Arlington, Texas youth group trips/activities/programs/events from **August 2011 thru August 2012.**

To Whom It May Concern:

I (parents/guardians name) _____ parent or guardian of (students name) _____ do hereby allow the named child to attend any and/or all youth group activities during 2011-2012 that I deem appropriate. I understand that my child's participation in any trip/activity/program/event indicates my decision to allow his/her involvement therein. I agree and consent to have the staff members and/or leaders, under whose auspices the program is conducted, and any other worker in the program approved as parent to secure any emergency medical care or treatment that may be necessary for my child during any and all trips/activities/programs/events, including transportation to and from any and all destinations. I further assume all responsibility for the decisions so made, and the emergency care or treatment so secured by and/or for my child. Should I, the participant, be 18 years of age or older, I hereby agree to all of the above concerning myself.

I being 18 years of age or older, do for myself (and on behalf of my child, if said child is not 18 years of age or older), hereby release, forever discharge and agree to hold harmless Shepherd of Life and the directors thereof, from any liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and/or the child and/or that may occur while said child participating in any youth group activity.

Furthermore, I (and on behalf of my child if under 18 years) hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in any activities involved therein.

(If the participant has not attained the age of 18 years)

I am parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in said trips/activities/programs/events, and hereby give my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to disciplinary action, for medical or otherwise, I hereby assume all transportation costs.

(Only participant need sign if 18 years of age or older, however, participant must sign regardless of age)

Participant's Signature _____

Participant's Birth date _____, **Age** _____, **Grade** _____

Parent/Guardian Signature _____

Relationship to participant _____

Shepherd of Life Youth Ministries Emergency Contact and Medical Information Form

Youth Name		
Street Address	City/State	Zip
Home Phone Number	E-mail Address	
Father's/Guardian's Name	Mother's/Guardian's Name	
Father's Cell Phone	Mother's Cell Phone	
Father's E-mail Address	Mother's E-mail Address	
Other Emergency Contact	Phone Number	
Family Physician	Physician Phone Number	
Known Allergies and/or Medical Problems		
Current Medications		
Date of Last Tetanus Shot		
Insurance Company Name		
Insurance Company Address	City/State	Zip
Policy/Group Number		
Phone Number		

Parent/Guardian Signature

Date

Insurance Card Copy