



HOLY CROSS LUTHERAN CHURCH

PARTICIPANT CONSENT, RELEASE OF LIABILITY AND MEDICAL INFORMATION FORM

PARTICIPANT INFORMATION

(Last Name) (First Name) (MI) Date of Birth (MM/DD/YEAR) (Age)

(Street) (City) (State) (Zip Code)

Holy Cross Member/Regularly Attend or VBS only Male Female _____ Grade

PARENT/GUARDIAN INFORMATION

(Mother's Last Name) (Mother's First Name) (Mother's Cell #)

(Mother's Email Address)

(Father's Last Name) (Father's First Name) (Father's Cell Phone #)

(Father's Email Address)

ALTERNATE CONTACT INFORMATION

(Alternate Contact Last Name) (Alternate Contact First Name) (Alternate Contact Cell #)

(Alternate Contact Work #) (Alternate Contact Email Address) (Alternate Contact Relationship to Participant)

HEALTH INFORMATION

Does the participant have any of the following? (If yes, please explain)

YES	NO	Heart Conditions _____
YES	NO	Musculoskeletal Disorders _____
YES	NO	Bleeding/Clotting Disorders _____
YES	NO	Seizures _____
YES	NO	Asthma _____
YES	NO	Diabetes _____
YES	NO	Autoimmune Deficiency Disorders _____
YES	NO	Other _____
YES	NO	Do you give permission for the staff and volunteer adult leaders of Holy Cross Lutheran Church to administer over-the-counter medications to the participant?
YES	NO	Does the participant have any allergies? (including food or dietary restrictions) If yes, please list: _____
YES	NO	Does the participant have any ongoing/current medical conditions? If yes, please list: _____
YES	NO	Does the participant have any condition that would prevent him/her from participating in any Holy Cross Lutheran Church ministry events or activities? If yes, please list: _____
YES	NO	With my signature below, I hereby authorize Holy Cross Lutheran Church to use the participant's voice and/or likeness in all video, still photography, internet projects, or other means, that may include marketing said images and audio at large to public and private sectors at the sole discretion of Holy Cross Lutheran Church.

List current medications the participant is taking (if any): _____

****Any and all medication (prescription and over the counter) accompanying the participant must be in the original container with written instructions regarding its use and administration.***

Date of last Tetanus shot: _____
(MM/DD/YEAR)

REQUIRED INSURANCE INFORMATION

(Health Insurance Company Name)

(Policy Holder)

(Insurance Policy #)

Do pre-certification, notification, or other requirements exist with respect to the insurance participant?

YES

NO

If yes, phone number _____

(Participant's Doctor's Name)

(Doctor's Phone Number)

EMERGENCY PROCEDURE In the event of an emergency, the Holy Cross Lutheran Church ministry staff and/or volunteer adult leader will attempt to first contact the parent/guardian of the minor participant. If this is not possible, an attempt will be made to contact the designated alternate adult contact. If he/she is unavailable or if there is insufficient time to make such contact please note below:

- | | | |
|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | 1. With my signature below, I hereby authorize first aid administered by staff and/or volunteer adult leaders of Holy Cross Lutheran Church. |
| YES | NO | 2. With my signature below, I hereby authorize emergency medical and dental care by hospital staff and/or doctor selected by Holy Cross Lutheran Church staff and/or volunteer adult leaders. |
| YES | NO | 3. With my signature below, I hereby authorize the doctor selected by Holy Cross Lutheran Church staff or volunteer adult leaders to hospitalize, secure treatment for, and to order injection, anesthesia, blood transfusion or surgery. I understand that I have a duty to pay for all necessary medical care and treatment provided to my/our child (or myself/ourselves). |
| YES | NO | 4. With my signature below, I hereby authorize said participant to ride in any vehicle designated by staff and volunteer adult leaders of Holy Cross Lutheran Church while attending and participating in activities sponsored by Holy Cross Lutheran Church. |
| YES | NO | 5. I declare that my/our child or I/we AM/ARE covered by primary accident and medical insurance. |

I hereby consent to participation of my child (or myself) in **ANY AND ALL MINISTRIES, EVENTS AND ACTIVITIES sponsored or attended by HOLY CROSS LUTHERAN CHURCH, KEARNEY, NEBRASKA between June 1, 2022 and May 31, 2023**, and I authorize the alternate adult contact listed above to act on my/our behalf in the event of an emergency if I/we cannot be reached. I understand that I have the right to revoke this consent unless the treatment authorized has already been performed before I send a written revocation of this consent to Holy Cross Lutheran Church or the organization to whom my child or myself is presented for treatment.

I release and forever discharge The Lutheran Church – Missouri Synod and Holy Cross Lutheran Church, Kearney, Nebraska, 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 child's (or my) participation in, attendance at, and travel to and from any and all Holy Cross Lutheran Church events and activities.

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless The Lutheran Church – Missouri Synod and Holy Cross Lutheran Church, Kearney, Nebraska, 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 my child or me, 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 my child or me during any and all Holy Cross Lutheran Church events and activities 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.

SIGNATURE FOR PARTICIPANT UNDER AGE 21:

Participant Signature

Parent/Guardian Signature

Date