

# St. Paul Lutheran Church, Reading VBS Emergency, Liability, and Promotional Release Form

*This form needs to be completed annually. Make a copy for your records. Return to the youth staff.  
You are responsible for contacting us and updating the form after changes occur.*

## **INFORMATION:**

Student's Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Birth date \_\_\_\_\_  
Name student prefers being called \_\_\_\_\_  
Parent(s) or Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Email (optional) \_\_\_\_\_

**Facts concerning student's medical history, including ALLERGIES, MEDICATIONS BEING TAKEN, and any PHYSICAL IMPAIRMENTS/LIMITATIONS to which a physician should be alerted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EMERGENCY PHONE NUMBERS (who should be contacted in an emergency):**

Name _____	Relation _____	Phone Number(s) _____
Name _____	Relation _____	Phone Number(s) _____
Name _____	Relation _____	Phone Number(s) _____

**LIST ANY SITUATIONS (personal, family, health, diet) that we should be aware of concerning your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF HEALTH INSURANCE CO.:** \_\_\_\_\_ **POLICY NUMBER:** \_\_\_\_\_  
**(Please copy your health insurance card and attach copy to this form.)**

**FIRST AID MEDICATIONS:** The following is available in the St. Paul's first aid kits to treat minor afflictions. The dosage is determined by size/age of child and the specific directions listed on the medication. Please indicate whether or not these medications may be given to your child/youth. You will be contacted if illness develops or emergency treatment is required.

<b>YES</b>	<b>NO</b>		<b>YES</b>	<b>NO</b>	
_____	_____	Cortisone Cream (for itching, bug bites)	_____	_____	Ibuprofen tablets
_____	_____	Neosporin	_____	_____	Children's Liquid Ibuprofen
_____	_____	Hydrogen Peroxide	_____	_____	Tums
_____	_____	Benadryl	_____	_____	Tums KIDS

**LIABILITY RELEASE:** I understand all reasonable safety precautions will be taken at all times by St. Paul Lutheran Church, Reading, OH and its affiliated congregations and agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold St. Paul Lutheran Church (Reading, Ohio), its congregation, leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

**Signature of Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please continue and complete Emergency Authorization and Promotional Release on back or next page.**

# EMERGENCY AUTHORIZATION

In the event reasonable attempts to contact the legal guardians from the information given have been unsuccessful, I hereby give my consent to take my child/youth to a licensed physician or dentist or hospital and hereby give my consent and authorizations of any treatment deemed necessary by a licensed physician or dentist, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Preferred Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Preferred Hospital \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

(Do not complete if you signed above)

I do not give my consent for emergency medical treatment of my child/youth. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take not action or to \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

# PROMOTIONAL RELEASE

I understand my child or youth may be photographed or recorded on video during the course of events held by the St. Paul Lutheran Church (Reading, Ohio) VBS program. I consent for my child or youth's image to be used in either print, electronic, or video form for the promotion of the children's and youth ministry of St. Paul Lutheran Church (Reading, Ohio). My consent includes but is not limited to the church's website\*. I release St. Paul Lutheran Church (Reading, Ohio) from any liability connected with the use of my child or youth's picture or voice recording.

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*We do not put personal information or names of children or youth on the church website. If you have questions or concerns about the promotional release please talk to us.