

MEDICAL RELEASE FORM & PERMISSION to attend events

ATTENDEE INFO:

*Full Name: _____ *Age: _____

*Address: _____ *City, State, Zip Code: _____

*Email: _____ *Cellphone: _____

*Birth-date: _____ *School/Grade: _____

*Allergies or any other Specific condition: _____

*Medication Needed: _____

(Any trip/event longer than 24hs will require a copy of all the immunizations to be attached to this permit)

*Medical Insurance: _____ I.D. #: _____

PARENT / GUARDIAN INFO:

*Full Name: _____ *Age: _____

*Address: _____ *City, State, Zip Code: _____

*Email: _____ *Cellphone: _____

*Alternative I.C.E. Contact (Name and Number): _____

PERMISSION TO ATTEND AND TRAVEL: The undersigned, being either a parent with legal custody or the legal guardian of the minor whose name appears above, hereby authorizes the student named above to participate in the event and/or trip with Good Shepherd Lutheran Church (GSLC) under the supervision of paid and/or volunteer leaders through and to be recorded and photographed for promotional purposes (including website postings). I further agree to personally pick up my minor promptly if, at the sole discretion of the leader responsible for the event, the minor is ill or a disruption to the safety of the attendees.

*NOTE: If you desire to limit your child's participation in an event, please submit your wishes in writing to Good Shepherd Lutheran Church prior to the event. **If you wish to limit use of your child's image please use the back of this form to explain.*

*MEDICAL RELEASE: The undersigned, being an adult participant - or - a parent with legal custody or the legal guardian of the minor whose name appears above, hereby authorizes any adult person (paid or volunteer) at Good Shepherd Lutheran Church of Claremont, California into whose care the minor has been entrusted (or with whom I am traveling if an adult) to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, dental diagnosis or treatment, and/or hospital care to be rendered to the minor (or myself if an adult) under the general or special supervision of any member of the medical/dental staff and emergency room staff licensed under the provisions of the Medical Practice Act or Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the United States Department of Public Health. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to California Civil Code section 25.8. If a personal physician is listed, every effort will be made to contact such physician. The signing of this release only gives the Church and agents thereof, the right to consent for treatment of minors/adults. It does not release signee of liability from medical cost arising from said treatment. It is understood that the releases provide no medical insurance for such treatment. I further agree to be liable for any expenses related to treatment performed under this release. Please inform Good Shepherd Lutheran Church in writing of any change in the information presented.

*Parent / Guardian Signature: _____ *Date: _____

*Please return this form to GOOD SHEPHERD LUTHERAN CHURCH via email to Aaron Copenhagen (GSLC Youth and Family Activities Director) youthandfamilygslc@gmail.com / 626-202-7306 or in person to Good Shepherd Lutheran Church - 1700 N. Towne Ave. Claremont, CA 91711 / 909-626-2714