



SAINT PETER'S CHURCH

Child/Youth Medical Release Form

The following information must be completed by the activity participant or by his or her parent(s) / guardian(s), in the case of participants who are minors. Saint Peter's Church appreciates your cooperation in ensuring the safety of all participants by providing the following information.

The church appreciates the sensitivity of medical information and will disclose information only as necessary to ensure the safety of participants.

Name: Last	First	Middle
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Date of Birth

Street Address	City	State	Zip
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For Participants Under Eighteen:

Home Phone Number

Other Phone Number

Parent/Guardian #1

Preferred Phone Number

Parent/Guardian #2

Preferred Phone Number

It is the parent's/guardian's duty to notify the activity/trip leader if the address/telephone number where you can be reached will be one other than that listed above during the activity/trip.

Emergency Contact:

Name	Relationship	Phone Number
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Medical Insurance Information

Please append a copy of each side of participant's health insurance card.

Subscriber Name:

Insurance Card FRONT

Insurance Card BACK

Primary Health Care Provider Name

Phone Number

Primary Health Care Provider Address

City

State

Zip

Dietary Restrictions and Allergies

Vegetarian No Dairy No Eggs No Peanuts No Tree Nuts

Restrictions on Physical Activity

Food Allergies/Description of Reaction

How to Manage Reaction

Medication Allergies/Description of Reaction

How to Manage Reaction

Other Allergies/Description of Reaction

How to Manage Reaction

A congregation of the Evangelical Lutheran Church in America 619 Lexington Avenue, New York, NY 10022-4610
212-935-2200 • FAX 212-355-3423

Medical Condition(s):

Does the participant have any medical condition about which the activity leader should be aware? (If accommodation to the medical condition may be needed, the participant must speak to the leader in advance to determine whether such accommodation will be available.)

Please share any information about a minor’s behavior, physical, emotional or mental health about which the leader should be aware. (This may include shyness, socialization difficulties, learning styles, etc. Please indicate any strategy to manage the concern and/or enhance the participant’s enjoyment.)

Medications which participant will bring.

(All medications for minors, except asthma inhalers and epipens, must be given to the leader.)

Prescription(s) must be in their original containers bearing the pharmacy label and have specific instructions for use. Over-the Counter medications must be in their original containers containing the original label and directions for use. Label with participant’s name and dose.

Prescription Medications:

Medication #1	Dose	Times Administered
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Reason for taking	Special Precautions
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Medication #2	Dose	Times Administered
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Reason for taking	Special Precautions
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Medication #3	Dose	Times Administered
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Reason for taking	Special Precautions
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Over-the-Counter Medications:

Medication #1	Dose	Times Administered
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Reason for taking	Special Precautions
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Medication #2	Dose	Times Administered
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Reason for taking	Special Precautions
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Medication #3	Dose	Times Administered
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Reason for taking	Special Precautions
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Asthma Inhaler: If the participant is a minor and will keep his/her inhaler with him/her, please acknowledge by signing.

Parent/Guardian

Epipen: If the participant is a minor and will keep an epipen with him/her, please acknowledge by signing.

Parent/Guardian

Saint Peter's Church Medical Release

The health history provided is correct and complete to the best of my knowledge. I hereby give permission to Saint Peter's Church staff and their designees to provide routine healthcare, administer medications as described, and seek emergency medical treatment for

Participant

I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to Saint Peter's Church staff and their designees to arrange necessary related transportation.

In case of a medical emergency, every reasonable effort will be made to contact

Participant's parent(s)/guardian(s)/emergency contact person.

In the event that the parent(s)/guardian(s)/emergency contact cannot be reached, I hereby give my permission for the medical personnel selected by Saint Peter's Church staff and their designees to secure and administer medical treatment including to hospitalize, order and administer medications and anesthesia, perform X-rays, special procedures, or surgery, if deemed medically necessary for

Participant

for which charges I shall be responsible and agree to pay.

I release and indemnify Saint Peter's Church, its staff, officers, committees, volunteers, and members from all claims, actions, and causes of action arising from the medication, medical treatment or failure to give medication or obtain medical treatment for the participant.

Signature of participant, if an adult

Parent's/Guardian's signature, if participant is a minor

Printed name(s):

Date

Educational Discipline

Has your child been suspended or expelled from school within the last twelve months?"

Yes ____

No ____

If "Yes", please explain the cause of disciplinary action. The purpose of discipline is to teach, not punish. As a faith community, Saint Peter's Church encourages youth participation by all who can do so without putting other participants in danger.
