

Medical Release form and Photo Release
St. John's Lutheran Church, Youth and Children Department
154 S. Shaffer Street, Orange, CA 92866 (714) 288-4400

INFORMATION:

NAME _____ Sex: _____

Phone: _____

Primary address: _____

Birth date _____ Baptized _____ Church affiliation _____

PARENT NAMES (if under 18)

Mother/Guardian: _____

Phone: _____ Work # _____ Cell # _____

E-mail _____

Father/Guardian: _____

Phone: _____ Work # _____ Cell # _____

E-mail _____

INSURANCE:

Company name _____ Policy # _____

Dr. _____ Telephone# _____

EMERGENCY CONTACT:

Name _____ Phone# _____

Work Phone # _____ E-mail _____

Emergency and Health Information:

To be completed by all participants: (if checked -please explain)

____ Asthma _____

____ Health Condition _____

____ Diabetes _____

____ Sight or hearing impairment _____

____ Contact lenses _____

____ Serious Illness in the last ten years _____

____ Taking prescription medications _____

____ Allergies _____

Drug:	Dosage:	Time taken:	Reason:
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Please list anything that the leaders should know in order to help avoid or deal with any situations that might arise.

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Authorization to treat a minor

We (I) the undersigned, parent(s) or legal guardians of _____ minor, do hereby authorize the staff of St. John's Lutheran church, as agent(s) for the undersigned, consent to an X-ray examination, anesthetic, medical or surgical diagnosis, treatment or hospital care which is deemed advisable by and is rendered under the general or special supervision of a physician and/or surgeon licensed under the Provisions of Medical Practices Act and any hospital whether such diagnosis or treatment is rendered at the office of a physician or at a hospital. This consent is also to extend to any Dentist licensed under the Dental Practices Act. It is understood that this authorization is given in advance of any diagnosis, treatment or hospital care being required, but is given to provide authority on the part of our aforesaid agent(s) to give specific consent to any treatment or hospital care which the physician/dentist in the exercise of his best judgment deems necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect until _____, unless sooner revoked in WRITING and delivered to said agent(s). It is understood that an effort will be made to contact the undersigned prior to the rendering of treatment, but such treatment will not be withheld if the undersigned cannot be reached. I will not hold St. John's Lutheran Church or its staff liable for medical aid rendered or consent given for diagnosis/treatment of my child.

Date _____ Parent/Guardian Signature _____

Photo Consent

During St. John's youth events, Staff may wish to record via tape, videotape or photograph. I hereby voluntarily consent to allow my son/daughter/ward to be photographed and/or videotaped during such youth activities. Further, I grant permission, without compensation for the photographs and/or videotapes, including the volunteer's voice to be published by St. John's staff in its public relations and/or promotional materials without limitation.

Date _____ Parent/Guardian Signature _____