



Medical & Liability Release Form

Student Information

Name_____

Address_____

City_____ State_____ ZIP_____

Birth Date_____ Current Age_____ Current Grade_____

Email Address_____

Cell Phone_____

Parent Contact Information

Parent #1 Name_____

Cell Phone_____

Email Address_____

Parent #2 Name_____

Cell Phone_____

Email Address_____

Notify In Case Of Emergency_____

Names of authorized people to pick up in case of parents absence_____

Medical Information

Known Allergies_____

Current Medicines_____

Permitted to take over-the-counter Pain & Cold Medicines **Yes** **No** (Circle one)

Insurance Company_____

Policy Number_____

Doctor's Name_____ Phone No. _____

PLEASE ATTACH A COPY OF THE INSURANCE CARD TO THIS FORM



Release & Hold Harmless Agreement

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration for St. Luke's United Methodist Church (St. Luke's) permitting the undersigned's child to participate in its activities and events, the undersigned do hereby voluntarily agree to release and hold St. Luke's harmless, and their directors, trustees, officers, employees, leaders, and volunteers from all causes of action arising out of any negligent acts or omissions or otherwise which the undersigned and their heirs, personal representatives, administrators, assigns, guardians, wards, or successors may have against any of them for, or on account of, or by reason of the undersigned's child participation in any of the activities and events of St. Luke's. This release and hold harmless agreement specifically preclude liability on behalf of St. Luke's, their directors, trustees, officers, leaders, employees, and volunteers for any personal injury to the undersigned's child, or for damage or loss of the undersigned's personal property, which arise from or are incident to the undersigned child's participation in any of the activities and events of St. Luke's.

Specifically, by the initials of the undersigned, the undersigned further agrees to the following:

_____ Follow the Child, Youth and Vulnerable Adult Protection Policy.

_____ Consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that taken of the child of the undersigned during the activity/event to be used, distributed, or shown as St. Luke's sees fit.

_____ Consent to one-on-one communication between the undersigned's child and a St. Luke's staff person or approved adult volunteer through e-mail, text, phone or social media.

_____ Consent to transportation in a personal vehicle driven by a St. Luke's staff person or approved adult volunteer to and from St. Luke's events.

Consent for Emergency Medical Treatment

I am the parent/legal guardian of the above named participant and I hereby authorize St. Luke's United Methodist Church and its representatives to act on my behalf in any emergency medical treatment that may be required. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and to give specific consent to any and all such diagnosis, treatment or hospital care which a licensed physician in the exercise of his/her best judgment may deem advisable. I have read all the above-stated terms of the Release and Hold Harmless Agreement and understand its meaning fully and voluntarily agree to its terms. This authorization shall remain effective until one year from the date signed unless revoked in writing at an earlier date.

Signature of Parent/Legal Guardian

Date

Print Name Here

State of Florida

County of _____

This instrument was acknowledged before me on date: _____

I certify this person is known to me, or has produced the following photo identification:

(Signature of notarial officer)

(Notary stamp)