

St. Peter Lutheran Church Emergency Medical Information and Release Form

Name (Last) _____

(First) _____

Birth Date ____/____/____

Male ____ Female ____

Home Address _____

City, State, Zip Code _____

Home Phone _____

Email _____

Custodial Parent/Guardian Name _____

Parent/Guardian Phone Number _____

Cell Phone _____

Address (if different) _____

Health Plan Carrier _____

Name of Insured _____

Relationship _____

Insurance ID Number _____

Group Number _____

Family Doctor Name _____

Doctor Phone _____

Second Parent or Emergency Contact Person _____

Relationship _____

Phone Number _____

Please specify any health conditions:

Allergies? _____

Heart Condition? _____

Glasses/Contacts? _____

Asthma? _____

Seizure Disorders? _____

Hearing Aids? _____

Last Tetanus? _____

Blood Type? _____

Medications Taken? _____

Other? _____

I hereby release and forever discharge St. Peter Lutheran Church, its agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damage and causes of action either at law or in equity that I may have as a result of my child's participation in, attendance at, and travel to and from activities with St. Peter Lutheran Church. Furthermore, I do hereby expressly stipulate, and agree to indemnify and forever hold harmless St. Peter Lutheran Church, its agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from and all present and future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during activities with St. Peter Lutheran Church or travel to and from events.

I, the undersigned, hereby acknowledge that I have read the foregoing, understood its contents, and have signed the same as my own free act and deed.

Parent/Guardian Signature _____

Date _____

To GRANT permission to use child/children's pictures.

I, _____ (Please print your name.) GRANT permission for St. Peter Lutheran Church to publish pictures of my child (ren), _____ (Please print.) on the church's website, press releases, publicity information, newsletters or bulletins. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the webmaster or other appropriate person that I object to any particular picture on the website, it will be removed as soon as possible. Publication of these photos may include names for identification purposes unless I write in here that I do not give permission for my name to be used.

Parent/Guardian Signature _____

Date _____