

Youth Name:_

Primary Address:_

Last

Medical Release Form Desert Foothills Lutheran Church 29305 N Scottsdale Road Scottsdale, AZ 85266 (480) 585-8007

Effective Dates: January 1, 2025– December 31, 2025

Middle

Nickname

First

Timary Tradress.	Street	City		Zip Code				
Birth date:	Gender: M ,	/ F Baptized: Y / I	N Baptism Date:					
Age: G	rade: Sch	School: Youth cell :						
FATHER/GUARDIA	AN:First Name	Last Name	Cell phone #	Email				
MOTHER/GUARDI		Last Ivallic	ceir phone #	Lillan				
MOTTLE, GOTADI	First Name	Last Name	Cell phone #	Email				
INSURANCE:	Pe	olicy #:						
Policy Holder's Name	:	Policy Holder's	Birthdate:	_				
DR	0.00							
Name	Office Address		Telephone					
activities and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Desert Foothills Lutheran Church, its pastor, ministry leaders, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto. MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization. EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or								
otherwise, the undersigned shall assume all transportation costs and responsibility.								
TRANSPORTATION PERMISSION : The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Desert Foothills Lutheran Church.								
EMERGENCY CONTACT INFORMATION In the event of an emergency and parents/guardian cannot be reached, please contact:								
Name		Cell phone #	Relation	nship				
(2)Name		Cell phone #	Relation	nship				

Health History Information

Subject to:	YES	No	Now Have or Have Had	Yes	No	
<u> </u>	1 ES	110		168	140	
Colds/Sore throat?			Asthma?			
Sinus Trouble? Bronchitis?			Lung Trouble?			
			Heart Trouble?			
Fainting Spells?			Intestinal problems including diarrhea, constipation, etc.?			
Convulsions (seizures)?			Hernia (rupture)?			
Cramps?			Appendix removed?			
Headaches/Migraines?			Sleep walking?			
Wear corrective lenses?			Ear, nose, or throat complications?			
Is hearing impaired?	<u> </u>		Diabetes?			
Currently under any type of n						
			listurbances, or severe moodiness?			
Been under psychiatric treatm		the past f	ive years?			
Date of last Tetanus Vaccinat	ion:					
Please explain yes answers	or list othe	er condi	cions that may affect participation.			
			nust be given to the adult youth leader with dispensing ins	tructions.		
Name of Medication			Dosage Times Taken			
Ivame of I	Medication	1	Dosage	Times Taken		
	nter medica) Ibuprofer) Polyspori	ı	Cough Syrup C Decongestant	Other:		
	AUTHO	RI7A	TION AND CONSENT AND RELEASE			
I hereby certify that the info	ormation in	this forn	n is correct to the best of my knowledge and my child is in good an Church Functions. I understand it is my responsibility to kee			
I grant permission f	or photogra	aphs and	video clips to be taken of the above-named child. Yes	No		
Signature of Parent/Guardian	ı		Date			