

**Crown of Life Lutheran Church and School of Colleyville, Texas  
Medical Information and Release Form**

Name of Participant: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone Cell / Work (\_\_\_\_) \_\_\_\_\_

Father Name: \_\_\_\_\_ Phone Cell / Work: (\_\_\_\_) \_\_\_\_\_

**Medical Information for Minor (Participant):**

Current Medications: \_\_\_\_\_

Important Medical History: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Other person to be notified if parent/guardian is not available:**

Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

**Release of All Claims**

In consideration of being accepted by Crown of Life Lutheran Church and School of Colleyville Texas for participation in any church or school related activities, we (I), being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless Crown of Life Lutheran Church and School, its Director of Youth Ministry, its youth sponsors, its youth volunteers, its members, its employees, its agents or its representatives, from any and all liability, claims or demands for personal injury, sickness or death, as well as damage and expenses, of any nature whatsoever which may be incurred by the undersigned and \_\_\_\_\_ (participant) that occur while our minor is participating in any church or school related activity or trip.

Furthermore, we (I) [and on behalf of our (my) minor child (participant) if under age 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of the participation in recreation and work activities involved herein.

Further, we (I) understand that we (I) have a duty to provide primary accident and medical insurance for the participant and we (I) declare that participant is covered by primary accident and medical insurance.

Further, we (I) hereby provide authorization and permission to Crown of Life Lutheran Church and School, its employees, members, agents, representatives, Director of Youth Ministry, teachers, or youth volunteers to furnish any necessary transportation and food, when necessary, for this participant.

We (I) further hereby agree to hold harmless and indemnify Crown of Life Lutheran Church and School, its trustees, employees, members, representative, agents, Director of Youth Ministry, teachers, adult youth counselors, youth sponsors, or youth volunteers for any liability

sustained by said church as a result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not attained the age of 21 years: We (I) are the parents(s) or legal guardian(s) of this participant and hereby represent that we have the authority to execute this Release and hereby grant our (my) permission for him/her to participate fully in any church or school activities and hereby give our (my) permission for any of the adult leaders to obtain necessary medical attention and/or treatment for my child, including but not limited to taking said participant to a doctor or hospital, and we (I) hereby authorize such medical attention and assume responsibility for medical bills, which we (I) agree to pay either directly or through my own personal health and accident insurance policy all medical costs.

Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

This authorization will remain effective until **August 31, 2012** unless sooner revoked in writing delivered to the Director of Youth Ministry or school Principal. This authorization may be photocopied and the original kept in office files.

**Parent or Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_