

ZYG Medical Form

This form is to be filled out and signed by a parent or legal guardian for all youth under 18 years of age. It authorizes their participation and will be used in case of a medical emergency.

NAME _____ AGE _____ GRADE _____

ADDRESS _____

PHONE # _____ BIRTHDATE _____

PARENT/GUARDIAN NAME _____

ADDRESS (if different from above) _____

Additional Adult Contact Person in Case of Emergency:

NAME _____ RELATION TO CHILD _____

ADDRESS _____ PHONE # _____

MEDICAL INFORMATION

Current Medications: _____

May retreat staff dispense Aspirin/Tylenol to your child? _____

Child's Allergies (if any): _____

Medical Allergies (if any): _____

Name & Phone # of Child's Physician: _____

Date of Last Tetanus Shot: _____

Does your child have any physical problem that would prevent him/her from fully participating in the retreat program?



MEDICAL INSURANCE INFORMATION

Name of Insurance Company: _____

ID # _____ Group # _____

Plan Code, etc: _____ Subscriber: _____

Acknowledgement of Risk- Release & Waver Form

If the participant is a minor, parent/guardian agrees to the following:

- I agree to waive any and all rights and claims for damages that I or my spouse may have against Zion Lutheran Church and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participant(s) arising directly or indirectly out of Zion Lutheran Church.
- I further agree that, in the event that I, my spouse, the participant(s) or another child in my care should make any claim against Zion Lutheran Church for damage, injury, or loss arising directly or indirectly out of Zion Lutheran Church, I will personally indemnify, defend and hold harmless, Zion Lutheran Church and its agents, employees, and representatives against any and all such injury, damage, or loss.
- I authorize Zion Lutheran Church and its representative(s) to obtain any medical treatment for the participant(s) that should appear to be necessary during the event, and I will be responsible for the payment of expenses relating to such illness or injury.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

(Signature of parent/legal guardian)

(Date)

OVER