

Medical & Liability Release Form for year 2009-2010
First Lutheran Church
3600 W. Friendly Ave.
Greensboro, NC 27410

This form gives your permission for your youth to ride in church and/or chaperone transportation and gives the group leaders authorization to secure medical aid for your youth should it be necessary.

I _____ consent to allow _____
(Parent or Guardian) (Minor's full name)

to be transported from and to First Lutheran Church in church transportation for various youth activities. I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my son/daughter (circle one) named above, any medical care and treatment necessary as a result of injuries sustained and other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize a representative of First Lutheran Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such person responsible for any damages arising from the giving of such consent.

This the _____ day of _____, _____
Date Month Year

Parent or Guardian Telephone Number

Parent or Guardian Telephone Number

Medical Insurance Policy Number

Other Insurance Information/Numbers

Physician Telephone Number

Alternate Contact Person Telephone Number

List allergies or important medical conditions:

Please complete and return this form to the church, Attention Barbara Sasser. This form will be kept on file during the 2009/2010 church program year. Please update any changes in telephone/contact numbers prior to any church sponsored trips.

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TRANSPORTATION WAIVER FOR YOUTH EVENTS

This form will be kept on file for a full year (September - August) and will serve as a waiver of responsibility for First Lutheran and the Adult leaders when youth ride with other youth for youth events.

Please read this form carefully and complete all sections, so that there will be no question about who your youth can carry in their cars or with whom they may ride.

FOR YOUTH DRIVERS ONLY

Name of Youth Driver: _____ Age _____

_____ I give permission for my youth to carry any youth.

_____ I give permission for my youth to carry only (list names below)

FOR YOUTH RIDERS ONLY

_____ I want my youth only to ride with an adult chaperon or advisor.

_____ I give permission for my youth to ride with any youth.

_____ I give permission for my youth to ride only with (list names below)

Parent/Guardian

Signature: _____ Date _____

By signing this I relieve First Lutheran and the adult leaders of any responsibility for accidents or injuries that may occur that is not due to their negligence.