Lutheran Youth Organization

LYO Parent Medical Form

RELEASE OF ALL CLAIMS

In consideration of being accepted by the North Carolina Synod, ELCA for participation in youth ministry events, I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the North Carolina Synod, ELCA, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities. Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage, and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication, and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal (guardians(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) permit for my child to receive over-the-counter medication such as Tylenol, ibuprofen, antidiarrheal medications, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the synod and ELCA-related entities, and grant the synod and ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Parent Contact Phone number: _____