

HOLY CROSS LUTHERAN CHURCH  
STUDENT MINISTRIES  
HEALTH PERMISSION AND RELEASE FORM  
Valid through May 31, 2024

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY BEFORE SIGNING

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parent/Guardian Email(s) \_\_\_\_\_

**Emergency contact in case we cannot contact Parent/Guardian:**

Name \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Student Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
(Please attach a copy of insurance card, back and front)  
Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency & Health Information**

Date of last tetanus shot \_\_\_\_\_

Does student have...(if "yes" please explain)

\_\_\_\_\_ yes \_\_\_\_\_ no Health conditions (list all) \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Medication list \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Any Limitations / Restrictions \_\_\_\_\_

Is student subject to fainting, sleep walking, or motion sickness? (if "yes" please explain)

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does student have allergic or serious reactions to...(if "yes" please explain)

\_\_\_\_\_ yes \_\_\_\_\_ no Medication? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Food? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Environmental? (Bee sting, poison ivy, etc.) \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Carry an Epipen? \_\_\_\_\_

Please indicate ANYTHING else which leaders should know to avoid or help deal with your student's health.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You have my permission to give my student any OTC medications as appropriate: \_\_\_\_\_ yes**

\_\_\_\_\_ no **Except the following:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(All medications must be sent in its original container)

**EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, HOLY CROSS LUTHERAN CHURCH STAFF WORKERS WILL MAKE AN ASSERTIVE EFFORT TO FIRST CONTACT PARENT/GUARDIAN/DOCTOR!** In case they are unable to do so, I GIVE THE FOLLOWING AUTHORIZATIONS ON BEHALF OF MY SON OR DAUGHTER;

1. With my signature, I hereby authorize First Aid by Holy Cross Lutheran staff workers.
2. With my signature, I hereby authorize emergency medical care by hospital or emergency care doctors and/or medical staff selected by Holy Cross Lutheran staff workers. This includes EMS transport, emergency medical treatment including, injection, x-ray or other diagnostic examination, anesthesia, blood transfusions, or surgery. I further agree to pay all charges for the emergency medical or hospital care or treatment.

Exceptions to any of the above:

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**Permission for Swimming and Water Related Recreational Activities**

\_\_\_\_\_yes \_\_\_\_\_no You have my permission to allow my son or daughter to (a) swim in a swimming pool/lake, and/or (b) participate in other water related activities such as boating/canoeing. I understand that a life guard will not be on duty during these activities.

**Permission for Publishing of Student Likeness in Pictures and Video**

\_\_\_\_\_yes \_\_\_\_\_no We understand that my daughter or son's likeness, selected by a staff member at Holy Cross Lutheran Church, could be published online through the Holy Cross website and social media, or printed for bulletin boards and promotions. NO LAST NAME, HOME ADDRESS, OR PHONE NUMBERS WILL APPEAR WITH THE PICTURES. We grant permission for posting of pictures and video as described above indefinitely or until I request removal.

**Release Statement**

I acknowledge that there is the possibility of bodily injury whenever students travel and participate in recreational activities. I hereby release Holy Cross Lutheran Church, its staff, all voluntary assistants, and their heirs from all liability for injuries that my dependent minor or I may receive while traveling, participating in, and returning from the activity. I further understand that by signing this document that I am releasing my rights to seek recovery from Holy Cross Lutheran Church, Holy Cross Lutheran Church staff workers, voluntary assistants, and their respective successors and heirs. I acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of a Holy Cross Lutheran Church student ministry activity.

I grant my permission to my son or daughter to participate in Holy Cross Lutheran Church student ministry activities. To the best of my knowledge he/she is in good health and capable of extended physical activities.

**By signing this form, I acknowledge that I am the parent or legal guardian of the student and have read this form, understand it, and agree with its entire content. I further agree to notify Holy Cross Lutheran Church in writing if I become aware that any of the above permissions or information about my son or daughter has changed**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student's Covenant for Participation**

I agree to participate in the functions and activities of Holy Cross Lutheran Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature \_\_\_\_\_

Date \_\_\_\_\_