HOLY CROSS LUTHERAN CHURCH
STUDENT MINISTRIES
HEALTH PERMISSION AND RELEASE FORM
Valid through May 31, 2027

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 # _____

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:

_____

_____

_____

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 _____

Reviewed and approved by the Student Ministries Commission on 11/14/23