

**WITNESS YOUTH MINISTRIES WAIVER & MEDICAL RELEASE**  
**2010-2011**

Waiver and Medical Release

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to attend all Witness Youth Ministries of Holy Trinity Lutheran Church functions on or off site from September 1, 2010 to September 1, 2011. I will not hold Holy Trinity Lutheran Church, church employees, the adult leaders, and/or drivers of the church van or other transportation liable for injury, illness, or mishap occurring as a result of scheduled activities. In the event of an emergency, accident, or illness we want the adult leaders to notify us as soon as possible.

IN THE EVENT OF A MEDICAL EMERGENCY, WE GIVE HOLY TRINITY LUTHERAN CHURCH OR THEIR REPRESENTATIVE AUTHORIZATION TO PROVIDE MEDICAL CARE FOR OUR CHILD.

Photo/Images Waiver

I provide consent for photos and images taken of my child to be used for church publicity purposes, possibly including in the church, in print and online.

Parent/Guardian Signature: \_\_\_\_\_

Youth Information

*\*If possible, photocopy your insurance card onto the back of this form.*

Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Cell Phone (if applicable): \_\_\_\_\_

Ongoing health concerns, including ongoing medications and allergies: \_\_\_\_\_

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

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Hospital: \_\_\_\_\_

Parent/Guardian Information

Parent/Guardian Information

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact other than parent: Name & Phone: \_\_\_\_\_

People who may **not** pick up my child: \_\_\_\_\_