



Health & Release Form

Child _____ DOB _____ Gender _____

Grade & School _____ If Pre-K, year to start Kindergarten _____

Mother _____ Cell Phone _____ E-mail _____

Father _____ Cell Phone _____ E-mail _____

Address _____

Additional Emergency Contact _____ Cell Phone _____

Medical Concerns / Limitations / Allergies / Current Medications: _____

**** Please make a front / back copy of your family's insurance card on the back of this completed form. ****

We have no medical insurance at this time

Permission to Participate

I hereby consent and give my permission for my child to participate in any activity organized by Faith Lutheran Church. I hereby release, hold harmless, and absolve Faith Lutheran Church, their staff, sponsors, partners, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss, or inconvenience suffered or sustained as a result of the participation in the activity, event, or retreat.

Permission to Treat

I hereby consent and give my permission to all staff or sponsors acting on behalf of Faith Lutheran Church to consent to any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications, medical concerns, and other pertinent information.

Permission for Media

I hereby consent and give my permission that Faith Lutheran Church may tape, photograph, or record my child and his / her voice while participating in any activity. I agree that Faith Lutheran Church may use any video or photograph in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, or publicizing Faith Lutheran Church.

I hereby release and discharge Faith Lutheran Church in Bellaire, Texas and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

Signature of Parent / Legal Guardian _____ Date _____
