

Holmen Lutheran Church
Permission and Medical Release Form

Student's Information

Name of Student _____ Birth date _____

Address (Please include city and zip) _____

Allergies and other known diseases, disorders or disabilities _____

Please list any medications your child is on (type, dose, what for) _____

Clinic Name _____ Doctor's Name _____

Clinic Location and Phone Number _____

Parent(s)/Guardian(s) Information

Parent(s)/Guardian(s) _____

Phone (H) _____ Phone (W) _____

Emergency Contact Information

Will be contacted if a parent/guardian is unable to be contacted.

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

FOR PARENT(S) AND/OR GUARDIAN(S): I give my permission for _____ to take part in _____. In consideration of the opportunity for my young person to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless Holmen Lutheran Church of Holmen, WI, it's agents, employees, adult volunteers, leaders, organizers, sponsors and persons transporting our young person to, from and during this activity. Neither Holmen Lutheran Church of Holmen, WI. nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

POLICY ON BEHAVIOR: Holmen Lutheran Church of Holmen, WI. holds a policy that all youth events will be drug and alcohol free. If a youth is found in possession of and/or having consumed alcohol, illegal drugs or tobacco, the parent(s) and/or guardian(s) will be notified immediately to come and take their young person home at their own cost with no refunds. Any youth who engages in any behavior that is determined to be seriously disruptive will also be sent home at their own cost with no refunds.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I hereby authorize that emergency treatment may be administered.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____