

SALEM LUTHERAN CHURCH
6500 E. Santiago Canyon Road
Orange, CA 92869
714-633-2366

YOUTH MINISTRY HEALTH FORM

Valid from September 1, 2019 through July 31, 2020 Initial: _____

This form constitutes a permission statement, which must be signed by parent or guardian.

Student's Name: _____ Sex: ____ Date of Birth: _____
Last First Middle Month/Day/Year

Father:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____
E-MAIL: _____

Mother:

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____
E-MAIL: _____

Student Resides With: Both Parents _____ Father _____ Mother _____ Other _____

**PERSON TO BE CONTACTED WHEN
PARENTS CANNOT BE REACHED:**

Name: _____
Address: _____
City, State, Zip: _____
Res. Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____

**PERSON WHO WILL ASSUME RESPONSIBILITY
FOR MEDICAL EXPENSES:**

Name: _____
Address: _____
City, State, Zip: _____
Res. Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____

HEALTH INSURANCE CARRIER: Include a CLEAR Copy of the Insurance Card, Front AND Back

Ins. Co. Name: _____ Insured Person: _____
Address: _____ Certificate No.: _____
City, State, Zip: _____ Group No.: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(I) (We), the undersigned parent(s)/guardian of _____, a minor, do hereby authorize the Pastor, the Director of Youth Ministries, and his designee of Salem Lutheran Church, Orange, California, as agent of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment (including first-aid) and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or any location supervised by Salem's personnel. This authorization also applies to dental care under a dentist licensed under the Dental Practice Act as well as to providing first-aid on Salem Lutheran Church's campus, field trips, or in connection with any other Salem Lutheran Church sponsored activity.

It is understood that this authorization is given in advance of any specific diagnosis, treatment (including first-aid) or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all diagnosis, treatment (including first-aid) or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent(s) or any organization involved, including without limitation Salem Lutheran Church, assumes liability or financial responsibility for exercising the power given by this authorization. This authorization is given pursuant to the provisions of Sections 6901, 6902, 6903, and 6910 of the Family Code of California and shall remain effective until revoked in writing and delivered to said agent(s).

Date: _____

(Signature of parent(s) or person having legal custody or the legal guardian of the student named above.)

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that pictures may be taken during the activities at Salem Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video-taped and/or photographed and used in the above listed manner.

RELEASE, WAIVER, AND INDEMNITY AGREEMENT

IT IS THE INTENTION OF _____ (PARENT OR GUARDIAN OF MINOR) BY THIS AGREEMENT TO EXEMPT AND RELIEVE SALEM LUTHERAN CHURCH AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF _____ (NAME OF MINOR) CAUSED BY ANY ACT OF NEGLIGENCE OF SALEM LUTHERAN CHURCH AND ITS OFFICERS, AGENTS, SERVANTS, OR EMPLOYEES.

For and in consideration of permitting _____ (NAME OF MINOR) to observe, or use any facility or equipment of Salem Lutheran Church, or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY** at: Salem Lutheran Church in the city of Orange, County of Orange, and State of California, the undersigned parent and/or guardian of _____ (NAME OF MINOR): **hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to _____ (NAME OF MINOR) as a result of _____ (NAME OF MINOR)'s observing or using facilities or equipment of Salem Lutheran Church, or engaging in or receiving instructions in any activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY or in activities incidental thereto wherever or however the same may occur, and for whatever period said activities or instructions may continue.**

The undersigned parent or guardian of _____ (NAME OF MINOR) for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Salem Lutheran Church or its officers, agents, servants, or employees, the undersigned parent or guardian **will indemnify and hold harmless Salem Lutheran Church and its officers, agents, servants, or employees** from any and all claims or causes of action by _____ (NAME OF MINOR) or by any other person or entity, by whomever or wherever made or presented, and **under no circumstances will the undersigned parent or guardian of _____ (NAME OF MINOR) present any claim against Salem Lutheran Church and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Salem Lutheran Church and said persons.**

The undersigned parent or guardian represent that he/she has read this Release, has requested and has been provided with, or has requested and declined advisement on the potential dangers/risks of engaging in the observation, activities, or instruction offered, **assumes all risks associated with such dangers and risks**, and is fully aware of and understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

DATED: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

FOR (NAME OF MINOR): _____