



# Participant Information Form

To be completed & signed by parents of all  
students under age 18

*Valid June 19 – 22, 2017*

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medicines taking and dosages \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies to food or drugs \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Handicaps or other limitations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other medical concerns St. Mark's should be aware of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact if parent can't be reached: \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

### **Parent/Guardian Permission for Care & Treatment of Minor or Dependent Adult**

As parent(s)/guardian(s) of \_\_\_\_\_, I/we hereby grant permission and empower the staff of St. Mark's Lutheran church, its pastors, staff, counselors, volunteers, and/or agents, to make any necessary decisions involving the above said child, youth or dependent in case of emergency. In no event will the congregation, the Sierra Pacific Synod or the Evangelical Lutheran Church in America, its pastors, staff, counselors, advisors, and/or agents be held liable for any first-aid rendered, treatment, drugs, medicine, or surgical procedures performed pursuant to this consent. I agree to pay for any expenses incurred for any action to obtain medical treatment. In the event of emergency, every effort will be made to contact the parent(s)/guardian(s) before any medical services may be rendered, aside from the administration of general first-aid. Copies of this form made by the staff of St. Mark's Lutheran Church will be considered as an original giving my permission for attending physician(s) and other medical personnel to administer any needed medical treatment.

### **Publicity Release and Consent**

Staff and adult volunteers at St. Mark's Lutheran Church often take photographs or make video or sound recordings of children and adults involved in church activities. It is our practice never to publish names with images of minors.

I *consent* to the use of any such audio or visual record of the child named above or me, if I am participating, to be used by agents of the church for church publications or on the church website or social networking sites. \_\_\_\_\_ Initial.

### **Release of Liability**

By signing this Participant and Medical Information and Consent Form, I expressly warrant that I am (if I am a participant) or the minor named above is capable of withstanding both the physical and mental demands of routine church activities and those for which I give special permission (off-site or overnights).

I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release St. Mark's Lutheran Church and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the church activities and programs. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against St. Mark's Lutheran Church or its ministers, leaders, employees, volunteers, or agents.

Furthermore, I understand that if my child violates the rules that he or she will be SENT HOME AT THE EXPENSE of PARENT (S) OR GUARDIAN (S). All money invested in the activity will be forfeited. \_\_\_\_\_ Initial.

**This Medical and Emergency Contact Information and Publicity Authorization will be in effect June 19-22, 2017. It is my responsibility to update this form if my child's health history changes.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



## **Activity Permission & Liability Waiver Form**

I consent to the participation of my child \_\_\_\_\_ for  
Vacation Bible Camp on June 19 – June 22, 2017 at 9 am - 2 pm as arranged by St.  
Mark's Lutheran Church Youth and Children ministry program.

I/we hereby release St. Mark's Lutheran Church located at 1600 Union Avenue,  
Fairfield, Calif., its employees and all official representatives of the church and the  
Evangelical Lutheran Church in America from any liability to the extent permitted  
by law.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent or Guardian Email

Child's grade in fall 2017 \_\_\_\_\_