

Good Shepherd Lutheran Church

For activities through May 2011

504 South Main Street, Viroqua, WI 54665 (608) 637-3978

office@gsviroqua.org www.gsviroqua.org

CONSENT AND RELEASE FROM LIABILITY

_____ has my permission to participate in all activities of Good Shepherd Lutheran Church through May 31, 2011 and to be transported by church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against Good Shepherd Lutheran Church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to and/or from any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until May 31, 2011, or until I give Good Shepherd Lutheran Church written notice to the contrary.

Parent/Guardian signature: _____ Phone: (____) _____

Street: _____ City: _____ Zip: _____ email: _____

Date: _____

MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for my son/daughter, _____, in the event of illness or injury during any sponsored activity of Good Shepherd Lutheran Church. This permit is in effect until May 31, 2011, or until I give Good Shepherd Lutheran Church written notice to the contrary.

Parent/Guardian signature: _____ Date: _____

Health Insurance Company: _____ Subscriber's Name: _____

Policy Number: _____ Insurance company's emergency phone: _____

EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___no. If yes, explain:

Is he/she required to take any medication? ___yes ___no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? ___yes ___no. If yes, explain.

Is he/she presently under a doctor's care? ___yes ___no. If yes, explain.

Revised, May 2009 – Always Print this year's on the color YELLOW