

# Medical Information, Consent, and Liability Release Form Ysleta Lutheran Mission

This form must be completed by all participants. One copy is to be mailed to YLM and the other copy is to be given to the group leader.

This form must be signed by parent or guardian of participants under 21 years of age.

Please type or print legibly in ink.

Participant Name: \_\_\_\_\_

(Last)

(First)

(M.I.)

Birth date:    /    /    Male:    Female:    SS# \_\_\_\_\_

Home address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home phone: (    )    Day phone: (    ) \_\_\_\_\_

Custodial parent/guardian: \_\_\_\_\_

Home phone: (    )    Day phone: (    ) \_\_\_\_\_

Home address (if different): \_\_\_\_\_

Health plan carrier: \_\_\_\_\_

Name of insured: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

SS# or policy holder or insurance ID number: \_\_\_\_\_

Family doctor:    Office phone: (    ) \_\_\_\_\_

Family dentist:    Office phone: (    ) \_\_\_\_\_

Second parent or emergency contact person: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Home phone: (    )    Day phone: (    ) \_\_\_\_\_

Please specify if any health insurance precertification, notification, or other requirements exist for the participant: \_\_\_\_\_

For the following questions, circle yes or now. If yes, please explain in the lines given.

Does participant have:

Headaches	Yes	No
Seizures	Yes	No
Motion sickness	Yes	No

Fainting	Yes	No
Sleep walking	Yes	No
Upset stomach	Yes	No
Other	Yes	No

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Does participant have a reaction to:

Bee sting	Yes	No
Penicillin	Yes	No
Other drugs	Yes	No
Certain foods	Yes	No
Poison ivy, oak, sumac	Yes	No
Other	Yes	No

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Has the volunteer had any serious illness or surgery within the past three years?

Yes No

Does the participant have any condition that would prevent him/her from participating in any servant event activities? Please list:

Yes No

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Are any drugs ineffective in treatment?

Yes No

Is the participant diabetic?

Yes No

Does he/she have any sight or hearing impairment?

Yes No

Does the participant wear contact lenses or hearing aids?

Yes No

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Date of last tetanus shot: \_\_\_\_\_

**Note: a current tetanus shot is required.**

Please indicate anything else that leaders should know to help avoid or to aid participant with any situations that might arise: \_\_\_\_\_

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I understand that the servant event for which this medical consent and liability and activity release form is being given is described as follows: \_\_\_\_\_

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(Give description of servant event, including location, dates, sponsoring church/organization, and activities, particularly any hazardous activities.)

I hereby consent to participation of myself (or of my child) in the above-described servant event. I am aware that in addition to activities such as Bible study, worship, sight-seeing, and meal functions, the participant may be asked to participate in various servant activities that may involve additional risks, such as \_\_\_\_\_.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance. I give permission for any pictures or videos taken during the event to be used in publications by the Ysleta Lutheran Mission, the employees or volunteers thereof, or the LCMS Department of Youth Ministry.

I RELEASE AND FOREVER DISCHARGE \_\_\_\_\_  
(NAME OF HOME CONGREGATION/ORGANIZATION), AND YSLETA LUTHERAN MISSION, SAN PABLO LUTHERAN CHURCH, THE LUTHERAN CHURCH-MISSOURI SYNOD, AND THE ROCKY MOUNTAIN DISTRICT, THEIR AGENTS AND SERVANTS, SUCCESSORS, ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES FROM ANY AND ALL DAMAGES OF MY (OR MY CHILD'S) PARTICIPATION IN, ATTENDANCE AT, AND TRAVEL TO AND FROM THE SERVANT EVENT. FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS, THE \_\_\_\_\_  
(NAME OF HOME CONGREGATION/ORGANIZATION), YSLETA LUTHERAN MISSION, SAN PABLO LUTHERAN CHURCH, THE LUTHERAN CHURCH-MISSOURI SYNOD, AND THE ROCKY MOUNTAIN DISTRICT, THEIR AGENTS AND SERVANTS, SUCCESSORS, ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, VOLUNTEERS, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS, OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OF MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE, OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE SERVANT EVENT OR TRAVEL TO AND FROM THE SAME.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

For participants age 21 and over:

\_\_\_\_\_  
Name Date Witness

For participants under age 21:

\_\_\_\_\_  
Parent/Guardian Date Witness

\_\_\_\_\_  
FOR OFFICE USE ONLY Date received Deposit