

Lighthouse Youth Ministry (Port Washington Saukville Ecumenical Youth Ministry)

**2023-2024 YOUTH MEDICAL RELEASE AND PERMISSION FORM**

Name of Participant (please print) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School District \_\_\_\_\_

Home & Mailing Address \_\_\_\_\_

Parent/Guardian's Name(s) \_\_\_\_\_

Adult's Email(s) \_\_\_\_\_ Adult's Cell Phone(s) \_\_\_\_\_

Youth's Cell Phone \_\_\_\_\_ Youth's T-Shirt Size \_\_\_\_\_

Is it ok to contact the youth via text message?    Yes    No    Yes, but only if the adult listed is also included

Other person to contact in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Other person(s) authorized to pick up youth participant \_\_\_\_\_

Participant is allergic to \_\_\_\_\_

Please list any dietary concerns, physical restrictions, or other special needs the participant has which leaders should be aware of:

Is the participant on regular medications? If so, please list names, dosages, frequency, and any instructions:

***Please make a photocopy of both sides of the participant's insurance card and attach to this form.***

**RELEASE OF ALL CLAIMS**

In consideration of being accepted for participation in Lighthouse Youth Ministry events

I (we) do for myself (ourselves) and on behalf of my (our) child (participant) do hereby release, forever discharge, and agree to forever hold harmless Port Washington Saukville Ecumenical Youth Ministry (PWSEYM), the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or participant resulting from said participant's participation in the organization's sponsored youth programming, including travel, recreation, and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage, and expenses as a result of participation as above set forth. I (we) also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication regularly taken by participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth programming and give the appointed leaders of PWSEYM my (our) permission to make emergency medical care decisions on his/her behalf including treatment by a doctor or hospital, and I (we) assume responsibility of all medical bills incurred by participant. I (we) understand that PWSEYM will not be responsible for any medical expenses incurred solely on the basis of this authorization. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

I (we) give permission for participant to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name and likeness as part of an information database for PWSEYM, and consent to the use of participant's likeness in photos and videos which become property of the organization and can be used for ministry related purposes and publicity including online.

**Parent's/Guardian's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Participant's signature (if over 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form is effective through August 2024. Please notify Christin Flucke if any of the information changes before then.*