

# Good Shepherd Lutheran Church

## Parent Permission – Medical Release – Covenant Form

Last Name	First Name	Cell Number Phone	
Address (Street)		City/State	Zip
Birth date	Age	Email Address	
Parent/Guardian Name:		Phone	Cell Phone
Parent/Guardian Name:		Phone	Cell Phone

### **Covenant of Conduct:**

1. I am representing God and Good Shepherd Lutheran Church. My actions, language and my dress will reflect God's love.
2. I will be concerned about, and supportive of the members in my group and my leaders. I will not use "put-downs" or insults (seriously or in jest).
3. I am responsible for my safety. I will always be with another member of our group and I will make sure my adult leaders know where we are at. I will not allow my friends to separate themselves from the group and feel rejected. We will watch each others back.
4. I am responsible for my own stuff and I will take steps to ensure my belongings and my neighbor's belongings are safe.
5. I will fully participate in all group activities (Including Bible Studies, and putting away the ipods and cell phones before being asked)

Should I break this covenant after reading and understanding it, I agree to accept the consequences decided upon by my congregational group leaders. I realize that my family is responsible for any expenses incurred due to my behavior.

### **Release of Good Shepherd Lutheran Church:**

We shall indemnify, hold free and harmless, assume liability for, and defend Good Shepherd Lutheran Church, its pastors, ministers, agents, servants, employees, officers and directors from any and all costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Good Shepherd Lutheran Church, ascertain of liability, or any claim or action founded thereon, arising or alleged to have arisen out of (my) (our) child use of real or personal property belonging to Good Shepherd Lutheran Church, its' agents, servants, employees, officers, and directors, or by action of omission by (my) (our) child.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please fill out both sides of this form*

# Good Shepherd Lutheran Church Parent Permission – Medical Release – Covenant Form

## Medical Information:

Health Insurance Co	Policy #:	
Policy Holder	If Pre-Certification required – Phone Number	
Family Doctor's Name	Doctor's Phone	
Emergency Contact other than Parent/guardian	Relationship	Phone

Medicine Allergies: \_\_\_\_\_

Current prescription medication:

Food Allergies: \_\_\_\_\_

\_\_\_\_\_

Other Allergies: \_\_\_\_\_

Any other medical information or medical conditions that it would be helpful for us to know:

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I do/do not give permission for the administration of acetametaphin (Tylenol) as needed.

### Authorization of Consent to Treatment of Minor:

(I) (We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize the pastors or other ministers of Good Shepherd Lutheran Church, to act as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment 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 such diagnosis, treatment, or hospital care which aforementioned physician in the exercise of his/her best judgment may deem advisable.

IN WITNESS WHEREOF, I/We have executed this "Authorization to Consent to Medical and Dental Care" This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
parent/legal guardian

\_\_\_\_\_  
parent/legal guardian

STATE OF FLORIDA  
COUNTY OF OKALOOSA

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public, personally appeared and, known to be the person(s) who executed the above Consent and state that it was executed as his/her/their free act and deed.

\_\_\_\_\_  
Notary Public

*Please fill out both sides of this form*