

SALEM STUDENT MINISTRY HEALTH FORM

Valid from September 1, 2023 through August 31, 2024

Student's Name: _____ Sex: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Father:

Name: _____
Address: _____
City, State, Zip: _____
Cell/Home Phone: (____) _____
Bus. Phone: (____) _____
E-MAIL: _____

Mother:

Name: _____
Address: _____
City, State, Zip: _____
Cell/Home Phone: (____) _____
Bus. Phone: (____) _____
E-MAIL: _____

Student Resides With: Both Parents _____ Father _____ Mother _____ Other _____

PERSON TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED:

Name: _____
Address: _____
City, State, Zip: _____
Res. Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____

PERSON WHO WILL ASSUME RESPONSIBILITY FOR MEDICAL EXPENSES: (may write mother/father)

Name: _____
Address: _____
City, State, Zip: _____
Res. Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____

HEALTH INSURANCE CARRIER: Write cert. number CLEARLY with insurance co. name if not including card copy

Ins. Co. Name: _____
Address: _____
City, State, Zip: _____

Insured Person: _____
Certificate No.: _____
Group No.: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(We), the undersigned parent(s)/guardian of _____, a minor, do hereby authorize the Pastor, the Director of Youth Ministries, and any designee of Salem Lutheran Church, Orange, California, as agent of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment (including first-aid) and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or any location supervised by Salem's personnel. This authorization also applies to dental care under a dentist licensed under the Dental Practice Act as well as to providing first-aid on Salem Lutheran Church's campus, field trips, or in connection with any other Salem Lutheran Church sponsored activity.

It is understood that this authorization is given in advance of any specific diagnosis, treatment (including first-aid) 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 diagnosis, treatment (including first-aid) or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent(s) or any organization involved, including without limitation Salem Lutheran Church, assumes liability or financial responsibility for exercising the power given by this authorization. This authorization is given pursuant to the provisions of Sections 6901, 6902, 6903, and 6910 of the Family Code of California and shall remain effective until revoked in writing and delivered to said agent(s).

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that pictures may be taken during the activities at Salem Lutheran Church of Orange, CA, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video-taped and/or photographed and used in the above listed manner.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

This form constitutes a permission statement, which must be signed by parent or guardian.

SALEM LUTHERAN CHURCH
6500 E Santiago Canyon Rd
Orange, CA 92869

RELEASE, WAIVER, AND INDEMNITY AGREEMENT

IT IS THE INTENTION OF _____ (PARENT/GUARDIAN OF MINOR) BY THIS AGREEMENT TO EXEMPT AND RELIEVE SALEM LUTHERAN CHURCH AND ANY AND ALL SERVANTS OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH OF _____ (NAME OF MINOR) CAUSED BY ANY ACT OF NEGLIGENCE OF SALEM LUTHERAN CHURCH AND ITS AGENTS, SERVANTS, OR EMPLOYEES. IF ANY PORTION OF THIS RELEASE IS HELD INVALID, THE BALANCE SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

The undersigned parent or guardian of _____ (NAME OF MINOR) to observe, or use any facility or equipment of Salem Lutheran Church, or engage in and/or receive instruction in any activity or activity incidental thereto **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY OR ILLNESS** at: Salem Lutheran Church in the city of Orange, County of Orange, and State of California, the undersigned parent and/or guardian of the above named minor **hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss, damages, actions, or causes of action for personal injury, property damage, or wrongful death occurring to the above named minor as a result of observing or using facilities or equipment of Salem Lutheran Church, or engaging in or receiving instructions in any activities or incidental activities SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY OR ILLNESS for whatever period said activities continue.**

The undersigned parent or guardian of _____ (NAME OF MINOR) for him/herself, his/her heirs, executors, administrators, or assigns agrees that in the event any claim for personal injury, property damage, or wrongful death shall be prosecuted against Salem Lutheran Church or its officers, agents, servants, or employees, the undersigned parent or guardian **will indemnify and hold harmless Salem Lutheran Church and its officers, agents, servants, or employees** from any and all claims or causes of action by the above named minor, or by any other person or entity, by whomever or wherever made or presented, and **under no circumstances will the undersigned parent or guardian of the above named minor present any claim against Salem Lutheran Church and said persons for personal injuries, property damage, wrongful death, or otherwise, caused by any act of negligence by Salem Lutheran Church and said persons.**

The undersigned parent or guardian of _____ (NAME OF MINOR) acknowledges that due to the spread of **COVID-19**, there is **INHERENT RISK OF ILLNESS AND CONTRACTION** by participating in any group activities, regardless of the safety precautions in place. Therefore, the undersigned parent or guardian will hold harmless **Salem Lutheran Church and its officers, agents, servants, or employees** in the case that a participant contracts COVID-19, whether at an activity of Salem Lutheran Church, or otherwise, and will assume all risks involved in participating.

The undersigned parent or guardian acknowledges that he/she has read this Release, has been provided with, or has declined advisement on the potential dangers and risks of engaging in or observing the activities or instruction offered, **assumes all risks associated with such dangers and risks**, and fully understands the terms and the legal consequences of the signing of this Release. The undersigned parent or legal guardian intends his or her signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

FOR (NAME OF MINOR): _____