

MEDICAL RELEASE AND GENERAL PERMISSION FORM

Southeastern Pennsylvania Synod Assembly, May 30-31, 2025

THIS FORM IS ONLY REQUIRED IF YOU ARE UNDER THE AGE OF 18.

Please complete fully. Write "none" if a particular section does not apply to the participant. A copy of the front and back of the participant's medical insurance card is also required.

Name of Participant (please print) _____

Address _____

Phone Number _____

Date of Birth _____ Grade _____ Age at event _____ Gender _____

Participant's Physician's Name _____

Hospital/Clinic and Address _____

Phone Number _____

1. Participant is allergic to (including food): _____
2. Please list any restrictions on diet or exercise: _____
3. Does the participant have any special needs or medical history? If so, please list:

4. Are there any over the counter medications the participant cannot receive?

5. Is the participant on regular medication? If so, please list the drugs, dosages, frequency and any instructions:

Please note that no drugs are to be brought to any events other than those listed above.

RELEASE OF ALL CLAIMS

In consideration of being accepted by the Southeastern Pennsylvania Synod, ELCA for participation at the Synod Assembly,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Southeastern Pennsylvania Synod, ELCA, 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 my child/participant resulting from said child's participation in the Synod Assembly, 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 set forth above. I 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 taken on a daily schedule by my child/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 Synod Assembly, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

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

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities. I (we) also grant the synod and ELCA unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Parent's/Guardian's signature: _____ Date: _____

Emergency contact: _____ Cell Phone: _____ Home Phone: _____

Work Phone _____