

Ski trip

Bethel Lutheran Church, 607 6th St. N., Wahpeton, ND 58075

Release Authorization

Name _____

Grade _____

Address _____

Parent/Guardian _____

Participant Cell Phone # _____

Mother Cell Phone # _____ Father Cell Phone # _____

Emergency Contact and relationship: _____

Cell Phone _____

Health Insurance Information

Company Name: _____

Group ID: _____ Policy Number _____

Address _____

Phone Number _____

Please note any medical problems or special needs:

Medications: _____

Allergies: _____

Other: _____

Medical Authorization

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR (must be filled in and signed by parent or guardian).

(I, (We), the undersigned, parent(s) of _____, a minor, do hereby authorize Bethel Lutheran Church, Wahpeton, North Dakota, and/or Adult Leaders, 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 special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the time of examination at the treatment scene, in the office of said physician or at said hospital.

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

LIABILITY

In consideration of the opportunity to participate in the Event, and in recognition of the possible dangers voluntarily subjected to; we hereby knowingly, freely and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of such participation from which any liability which may or could accrue to Bethel Lutheran Church and the individuals thereof.

Parent/Guardian signature _____ Date _____

Participant Signature _____ Date _____