

Youth of Ebenezer
Ebenezer Lutheran Church
Medical Release and Code of Conduct Form

This form is to be completed once each year, and will be kept on file. Separate permission slips may be required for each event.

Youth Name: _____

Parent or Guardian Name(s): _____

Phone Numbers: _____
Home phone# *Cell* *Work*

Home Address: _____

E-Mail: _____ Grade level & school name: _____

Covenant of Conduct

I agree to participate fully in all activities of the Ebenezer Lutheran youth events that I attend. I agree to respect all other participants, chaperones, drivers and any other persons involved in the events. I will not abuse anyone verbally or physically. I agree to respect my own body by not possessing or using any alcohol, drugs or tobacco. I agree not to bring or possess any weapons of any kind. I agree to remember that I represent the Youth of Ebenezer and Ebenezer Lutheran Church, and all Christians with my actions. Should I break this covenant, I agree to accept the consequences determined by the chaperones or youth leaders. If it is determined that my behavior warrants my leaving this event, travel to my home or other costs will be at my own expense or that of my parents or guardians.

Youth participant signature: _____ **Date:** _____

Medical Emergency Release

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for _____ every attempt will be made to contact me. If I am unavailable, I grant those in charge of the event permission to administer first aid and to authorize medical attention as recommended by a licensed physician. I agree to pay all medical costs involved in such an emergency treatment. I release and discharge Ebenezer Lutheran Church and/or its representatives involved in this event from any liability whatsoever in exercising this permission.

Signature of Parent or Legal Guardian:

Date: _____

Y.O.E.

Other Important Information:

Physician's Name:

Phone Number:

Insurance Company name and policy numbers:

Emergency Contact Name and Phone Numbers:

Date of last tetanus shot: _____

Allergies, including drug allergies, and any special medical conditions or special needs: