Medical Release Form Desert Foothills Lutheran Church
29305 N Scottsdale Road Scottsdale, AZ 85266 (480) 585-8007
Effective Dates: January 1, 2026– December 31, 2026

Youth Name:_____
Last First Middle Nickname

Primary Address:_____
Street City Zip Code

Birth date: _____ Gender: M / F Baptized: Y / N Baptism Date: _____

Age: _____ Grade: _____ School: _____ Youth cell phone # _____

FATHER/GUARDIAN: _____
First Name Last Name Cell phone # Email

MOTHER/GUARDIAN: _____
First Name Last Name Cell phone # Email

INSURANCE: _____ Policy #:_____

Policy Holder's Name: _____ Policy Holder's Birthdate: _____

DR._____
Name Office Address Telephone

LIABILITY RELEASE: In consideration of Desert Foothills Lutheran Church allowing the Participant to participate in children/youth ministry activities and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Desert Foothills Lutheran Church, its pastor, ministry leaders, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Desert Foothills Lutheran Church.

EMERGENCY CONTACT INFORMATION

In the event of an emergency and parents/guardian cannot be reached, please contact:

(1) _____
Name Cell phone # Relationship

(2) _____
Name Cell phone # Relationship

Health History Information

Subject to:	YES	No	Now Have or Have Had	Yes	No
Colds/Sore throat?			Asthma?		
Sinus Trouble?			Lung Trouble?		
Bronchitis?			Heart Trouble?		
Fainting Spells?			Intestinal problems including diarrhea, constipation, etc.?		
Convulsions (seizures)?			Hernia (rupture)?		
Cramps?			Appendix removed?		
Headaches/Migraines?			Sleep walking?		
Wear corrective lenses?			Ear, nose, or throat complications?		
Is hearing impaired?			Diabetes?		
Currently under any type of medical care?					
Is there history of behavior disorders, emotional disturbances, or severe moodiness?					
Been under psychiatric treatment within the past five years?					
Date of last Tetanus Vaccination:					

Please explain yes answers or list other conditions that may affect participation.

Please identify all allergies (food, medication) and explain the reaction: i.e. hives, difficulty breathing, nausea, anaphylaxis, etc.

Remarks and special instructions that would be important for an adult leader to know.

Please list all current medications: Medicine must be given to the adult youth leader with dispensing instructions.

Name of Medication	Dosage	Times Taken

Please check over-the-counter medications that may be administered:

❍ Tylenol ❍ Ibuprofen ❍ Cough Syrup ❍ Decongestant ❍ Dramamine
❍ Antacid ❍ Polysporin (first aid ointment) ❍ Hydrocortisone ❍ Benadryl ❍ Other: _____

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that the information in this form is correct to the best of my knowledge and my child is in good health and can travel to and participate in all Desert Foothills Lutheran Church Functions. I understand it is my responsibility to keep this form updated.

I grant permission for photographs and video clips to be taken of the above-named child. Yes _____ No _____

_____ _____
Signature of Parent/Guardian Date