

AUTHORIZATION OF MEDICAL/DENTAL TREATMENT OF MINOR

I/We, the undersigned parent(s)/guardian(s) of , _____ a minor, do hereby authorize my child's group leader, youth counselor, or agent of the Higher Things Retreat in a Box staff to:

- Consent to medical, surgical, or dental care for such minor child
- Consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child,
- On my/our behalf to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
- Admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care, and
- Sign all necessary consents and authorizations.

I understand that an attempt will be made to notify the parent(s)/guardian(s) first. If parent(s)/guardian(s) are not available, however, the above authorizations will be in effect. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required, but it is given to provide authority to obtain such care if it should be required.

EMERGENCY CONTACT NAME:

RELATION TO CHILD: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

INSURANCE ID/MEDICAL EXCHANGE #: _____

FAMILY DENTIST: _____ PHONE: _____

I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION FOR MEDICAL/DENTAL TREATMENT OF MINOR knowingly, freely, and willingly. (At least one signature must appear below or your child will not be permitted to attend.)

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

CONSENT AND LIABILITY WAIVER

Each participant in the Higher Things Retreat in a Box must fill in all and sign all appropriate spaces on this *Consent and Liability Waiver*, the *Emergency Medical Information Form*, and the *Authorization for Medical/Dental Treatment of Minor*. A parent/guardian of each participant under 21 must also sign in the appropriate spaces.

Please type or print in ink!

PARTICIPANT NAME: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

PARENT/GUARDIAN NAME:

I understand that I have a duty to provide primary accident and medical insurance for myself (or my child) and I declare that I am (or my child is) covered by primary accident and medical insurance. I assume all responsibility and liability for injury to myself (or to my child).

HEALTH PLAN CARRIER: _____

POLICY HOLDER'S NAME: _____

POLICY NUMBER: _____

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of the participant? If "yes", please specify!

Registrants need to carry their own insurance as indicated above.

Higher Things Retreat in a Box
(All participants, youth and adult, must fill out this page!)

CONSENT AND LIABILITY WAIVER (continued)

I give permission for my child to attend and fully participate in this year's Higher Things Retreat in a Box. This permission also includes the rights to use my child's picture on the host church's webpage or in any publicity materials. This permission extends to any participating church's webpage or publicity materials.

I release and forever discharge the Concordia Lutheran Church, the Lutheran Church-Missouri Synod (LCMS), and all churches and organizations involved; their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all claims, damages, and causes of actions either at law or in equity which I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the Retreat.

Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless Concordia Lutheran Church, LCMS, and all churches and organizations involved; their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present and future claims, damages, and causes of actions either at law or in equity that may hereafter be made or brought by me (or my child) during the Retreat, or travel to and from the Retreat.

By acceptance of participation in the Retreat, the undersigned agrees to the foregoing and also agrees that Concordia Lutheran Church, LCMS, and all churches and organizations involved; their employees and other representatives shall not be liable for loss, damage, injury, or inconvenience caused by or resulting from the malfunction of transportation equipment, strikes, acts of war or insurrection, fire, delays, theft, itinerary/schedule changes, or cancellations.

I/we have read the informational materials for this particular Retreat and understand and am/are aware of the risks involved in any planned activities.

If any conduct warrants exclusion from participation in the Retreat, I assume all responsibility for disciplinary action and/or picking up my child upon being notified by the adult supervisor in charge. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs. I/we, the undersigned, hereby acknowledge that I/we have read the foregoing, understand its contents, and have signed the same as my/our own free act and deed.

Participant signature

Date

Witness signature

Parent/Guardian signature

Date

Witness signature

Higher Things Retreat in a Box
(All participants, youth and adult, must fill out this page!)

Emergency Medical Information

Does the participant have/subject to/reaction to:

YES NO (If "yes", please explain!)

____ Allergies?

____ Heart Condition?

____ Headaches?

____ Seizures?

____ Motion Sickness?

____ Fainting?

____ Sleep Walking?

____ Upset Stomach?

____ Bee Stings?

____ Penicillin?

____ Other drugs?

____ Poison Ivy, Oak, Sumac?

____ Any serious illness or surgery in the last ten years?

____ Any conditions which would limit participation?

____ Are any drugs ineffective for treatment?

____ Does participant have sight or hearing impairment?

____ Does participant wear contact lenses?

____ Is participant diabetic?

Date of last tetanus shot:

Please indicate anything else that leaders should know about the participant to help avoid or deal with any situation that might arise.

