

# Medical Consent and Liability Release Form

## Camp Linn Haven Teen Servant Events 2024

*This form must be completed by all participants.*

*This form must be signed by a parent or guardian of participants under 21 years of age.*

Participant Name: Last \_\_\_\_\_ First \_\_\_\_\_

Birth Date:    /    /    Circle one: Male Female    Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Day Phone: (    ) \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Day Phone: (    ) \_\_\_\_\_

Home Address: (if different) \_\_\_\_\_

Health Care Plan Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship To Participant: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone: (    ) \_\_\_\_\_

Second Parent or Emergency Contact Person: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Day Phone: (    ) \_\_\_\_\_

*Please specify if any health insurance precertification, notification, or other requirements exist for the participant:*

\_\_\_\_\_

**A copy of the FRONT AND BACK of the participant's HEALTH INSURANCE CARD is required together with this form in order to participate in the Servant Event. The coverage you provide is the PRIMARY accident and medical coverage for you or your child attending the Servant Event.**

# Emergency Medical Information Form

Please provide the information required below so that health providers can be aware of participant's personal health needs.  
This form must be completed by ALL Servant Event participants.

Name of participant: \_\_\_\_\_

Please answer the following yes or no questions. If "yes" to any of them, please explain.

Does participant have:      yes    no    Allergies? \_\_\_\_\_  
  yes    no    Heart Condition? \_\_\_\_\_  
  yes    no    Other? \_\_\_\_\_

Is participant subject to:    yes    no    Headaches? \_\_\_\_\_  
  yes    no    Seizures? \_\_\_\_\_  
  yes    no    Motion Sickness? \_\_\_\_\_  
  yes    no    Fainting? \_\_\_\_\_  
  yes    no    Sleepwalking? \_\_\_\_\_  
  yes    no    Upset Stomach? \_\_\_\_\_  
  yes    no    Other? \_\_\_\_\_

Does participant react to:    yes    no    Bee stings? \_\_\_\_\_  
  yes    no    Penicillin? \_\_\_\_\_  
  yes    no    Other drugs? \_\_\_\_\_  
  yes    no    Poison Ivy, Oak, or Sumac? \_\_\_\_\_  
  yes    no    Other? \_\_\_\_\_

Has the participant had any serious illness or surgery within the past 10 years?  
                                  yes    no    if "yes", please list: \_\_\_\_\_

Does the participant have any condition that would prevent him/her from participating in any Servant Event activities?  
                                  yes    no    if "yes", please list: \_\_\_\_\_

Does the participant take any prescription medication?  
                                  yes    no    if "yes", please list: \_\_\_\_\_

Are any drugs ineffective in treatment?                                    yes    no    \_\_\_\_\_

Is the participant diabetic? Medication?                                    yes    no    \_\_\_\_\_

Does the participant have any sight or hearing impairment?        yes    no    \_\_\_\_\_

Does the participant wear contact lenses?                                yes    no    \_\_\_\_\_

Does the participant wear hearing aids?                                    yes    no    \_\_\_\_\_

Blood Type: \_\_\_\_\_ Date of last tetanus shot?    /    /

*A current tetanus shot is required. After five (5) years, another tetanus shot is recommended.*

Please indicate ANYTHING else that the leaders should know to help avoid or deal with any medical situations that might arise:

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*I understand that the Servant Event for which this Medical Consent and Liability and Activity Release Form is being given is described as follows:*

"Bringing Hope to the High Country" Teen Servant Events held at Camp Linn Haven (Linville, NC) on June 23-29 and July 21-27, 2024 are hosted by the Lutheran Church-Missouri Synod and include working at CLH and/or traveling to other work sites, participation in construction type work, and engaging in VBS leadership. I hereby consent to participation of myself or my child in the above-described Servant Event.

I release and forever discharge (name of home congregation) \_\_\_\_\_, Camp Linn Haven, their agents and representatives, and the Lutheran Church Missouri Synod from any and all damages due to my (or my child's) participation in, attendance at, and travel to and from the Servant Event. Furthermore, I do hereby expressly stipulate, and agree to indemnity and hold forever harmless, the above named Congregation, Camp, and Synod, against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf of damages or any legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during the Servant Event or travel to and from this event.

For participants under age 21:

I do hereby authorize my child's Servant Event youth leader (and/or any other adult appointed or designated) to (i) consent to medical, surgical, and dental care for such minor child, (ii) 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, and (iii) on (my/our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) 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 (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand it's contents, and have signed the same as my own free act and deed.

For participants age 21 and older:

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

For participants under age 21:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: All confidential paperwork is shredded following this event.*