

**First Lavaca Student Ministry**  
**Parental Authorization, Liability Waiver Medical Release Form**

In consideration for permitting my child to enroll and participate in the events and activities provided by First Lavaca and being 18 years or older, I do for myself and on behalf of my child \_\_\_\_\_, agree and promise as follows:

**Authorization**

I (we) are the parent(s) or legal guardian(s) of the student listed above and grant my (our) permission for him/her to participate fully in First Lavaca events and activities.

I (we) authorize First Lavaca staff, volunteers and leaders to take my child to a doctor or hospital. I (we) also authorize medical treatment or surgery, and I (we) assume responsibility for all medical bills.

I (we) authorize First Lavaca to furnish any necessary transportation, food and lodging for my child.

I (we) understand that our child may be photographed or videotaped during normal student activities and that these photos and videos may be used in promotional materials published by First Lavaca.

**Liability Waiver, Covenant to Hold Harmless & Indemnify**

I on behalf of my (our) child assume all risk and promise to release, forever discharge and hold harmless First Lavaca, Student Ministries, its directors, staff and volunteer leaders from any and all liability for personal injury, sickness, death and damage to personal or public property which might result from my (our) child's participation in any and all church activities, including being transported in church, chartered and chaperone vehicles to and from the event destination(s). This covenant to hold harmless extends to my (our) child's participation in any and events and activities.

I (we) agree to indemnify and hold harmless First Lavaca, its directors, employees and agents for any liability incurred or property damage/loss sustained by First Lavaca as the result of the negligent, willful or intentional conduct of my child, including expenses attendant thereto.

I (we) understand that my child is responsible for treating others' property with respect, and I (we) assume any responsibility for any and all costs incurred to repair or replace property damaged by my child. Should it be necessary, for medical or disciplinary reasons, to bring my child home before the event ends, I (we) assume responsibility for any and all additional transportation costs.

I (we) hereby certify that I (we) have read and clearly understand these terms and that this authorization/waiver/covenant is being executed voluntarily.

**At least one parent/legal guardian must sign below.**

Parent/Legal Guardian \_\_\_\_\_

Signature: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Name & Phone # of Emergency Contact: \_\_\_\_\_

**Medical Information and Emergency Contacts**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Emergency Contacts:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, AR \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

**Medical Information: Circle any of the following that have ever been present:**

Epilepsy/Seizures      Motion Sickness      Hemophilia/Bleeding Disorder  
Muscular/Skeletal Problems      Bronchitis/Chicken Pox      Asthma/Wheezing  
Kidney Problems      Diabetes      Other: \_\_\_\_\_

**Allergies:** Type and reactions: \_\_\_\_\_

Medicines and reactions: \_\_\_\_\_

Current Medications (list OTC and Prescriptions): \_\_\_\_\_

May we dispense manufacturer recommended doses of the following OTC medications to your child?

Tylenol Y/N    Advil Y / N    Benadryl Y / N    Pepto Bismol Y/N    Immodium Y / N  
Mylanta Y / N    Motrin Y/N    Dramamine Y / N    Caladryl Y/N    Triple Antibiotic Ointment, Y / N  
(Neomycin/Polymyxin/Bacitracin Ointment) Y / N