

Tuscarora Lutheran Youth Retreat
MEDICAL RELEASE AND GENERAL PERMISSION FORM

Participant's Name: _____ Date of Birth: ___/___/___ Age: ___ Grade: ___

Address _____

City: _____ State: _____ Zip Code: _____ Phone: _____ - _____ - _____

Insurance Company+Plan: _____ Policy # _____ Group # _____

Participant's Drug/Environmental/Food Allergies: _____

_____ Dietary Needs: _____

Please write in the date of your last COVID-19 vaccination booster _____

****If you have NOT received a booster, please take a picture of your negative rapid test and attach it to this form.**

Participant's Medical Conditions: _____

Participant's Daily Medications (Please list Name, Dosage, and Frequency)(Include as needed meds like inhalers or Epi-Pens)

If the participant has any other considerations or needs that may affect their participation in the event, please detail them here:

If the Participant has any significant medical, emotional or behavioral issues, please speak to the pastor or lead youth advisor of your church to help them understand the best and most helpful way to respond to the Participant's needs.

RELEASE OF ALL CLAIMS

In consideration of being a participant at the Tuscarora Lutheran Youth Retreat,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Tuscarora Lutheran Youth Retreat, Tuscarora Inn and Conference Center, the volunteers, and agents thereof from any and all liability, claims and demands for personal injury. Sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said participation in the Tuscarora Lutheran Youth Retreat, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and grant my (our) permission for him/her to participate fully in the Tuscarora Lutheran Youth Retreat, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) also release the participant's name as part of an information database for the Tuscarora Lutheran Youth Retreat and the Tuscarora Inn and Conference Center related entities. I (we) also grant the Tuscarora Lutheran Youth Retreat unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

I (we) give permission for my child to receive over the counter medication such as Tylenol, Advil, Aleve, Pepto-Bismol, Tums, Imodium, Benadryl, cough drops, topical anti-itch/pain relief cream, and other First-Aid treatments. (Please cross out any OTC medications not allowed to be administered)

Parent's/Guardian's signature: _____ Phone: _____ - _____ - _____ Date: ___/___/___

Participant's signature: (if over 18): _____ Phone: _____ - _____ - _____ Date: ___/___/___

Emergency contact: _____ Phone: _____ - _____ - _____ Relation: _____

A copy of both sides of your Medical Insurance Card is REQUIRED to be attached to this form