



Educational Ministries 2021-2022

Medical Release & Information Form (for all minors)

Basic Info Page

Child's/Student's Name: _____

Birth Date: _____ Preferred Pronouns: _____

Student's Email & Cell # (optional): _____

Current Grade in School: _____ School Name: _____

Allergies? _____ Medications? _____

Special Accommodations/Learning Needs? _____

Parent or Legal Guardian(s): _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Physical Address: _____

Would like event reminders : Email: _____ Text: _____

(Our main communication is email, but we also use Remind for text reminders!)

Emergency Contact (other than parent/guardian): _____

Relationship: _____ Phone: _____

Child's/Student's Physician: _____

Physician Phone #: _____

Insurance Company: _____

Insurance Policy & Group Numbers: _____

Name of Child: _____

Photography Waiver

I understand that my child's/student's photograph may be taken for internal church functions and any photo may be included on St. Luke's website and/or social media. Should a St. Luke event be covered by the media, my child's/student's name and photo may be published.

Initial Here: _____

Basic Medical Waiver

I understand that in the event of a medical emergency, or if any medical or surgical care becomes necessary for my child/student, every attempt will be made to contact me. If I am unavailable, I grant those in charge permission to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such emergency treatment. We release and discharge the Evangelical Lutheran Church in America, St. Luke Lutheran Church, and/or any representatives involved from any liability whatsoever in exercising this permission.

Initial Here: _____

Event & Transportation Waiver

I recognize that St. Luke's Educational Ministries – Children's Ministry, Middle School Ministry, SLY – may host events or field trips that require transportation. I give permission for my child/student to participate in any regular experience, field trip or event that St. Luke Lutheran Church sponsors/hosts between September 2021 and August 2022.

I also give permission for my child/student to ride in any vehicle driven by an approved adult chaperone while attending and participating in activities sponsored by St. Luke Lutheran Church. My child/student will wear a seat belt at all times during transportation.

I do not hold St. Luke Lutheran Church, Portland, OR, or any of St. Luke's Educational Ministries, or any of its leadership responsible in any way for any incident or accident that may occur while participating in the programs.

Initial Here: _____

By completing this form and returning it either in hard copy or in any electronic form, the undersigned agrees to its legal binding effect.

Parent/Guardian Signature: _____ Date: _____

Name of Child: _____

COVID-19 Addendum

Coronaviruses, like COVID-19, SARS, and the common cold, are a large family of viruses that can cause mild to severe upper or lower respiratory infections. Coronaviruses are contagious and believed to be spread by person-to-person contact.¹ As a preventative measure, St. Luke Lutheran Church follows and recommends safety practices from federal, state, and/or local authorities designed to reduce the spread of coronaviruses.

St. Luke cannot guarantee that my child/student will not be exposed to, become infected with, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while on the premises, while traveling to any organizational activity, or while engaged in any organization-related activity.

By signing this agreement, I acknowledge the contagious nature of coronaviruses and other communicable/infectious diseases and sicknesses. I voluntarily assume the risk that my child/student may be exposed to, infected by, or suffer injury from a coronavirus or other communicable/infectious disease or sickness while at the organization, while being transported in connection with the organization, or while participating in organization-related activity. I further acknowledge that such exposure or infection may result in bodily injury, personal injury, emotional injury, illness, permanent disability and/or death, as well as medical expenses and other costs for my child/student.

I understand that the risk of becoming exposed to, infected by, or injured from a coronavirus or other communicable/infectious diseases or sicknesses at St. Luke Lutheran Church or while on a retreat or outing led by St. Luke staff or volunteers may result from the acts, errors, omissions, or negligence of myself and others, including, but not limited to, St. Luke Lutheran Church leaders, employees, volunteers, and other participants. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury, illness, or death to my child/student.

On behalf of my child/student, I hereby release and promise to indemnify, defend, and hold harmless St. Luke Lutheran Church, its employees, leaders, owners, agents, and representatives, of and from any claim of any kind. A claim includes all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to the exposure to, contraction of, or injury from a coronavirus or other communicable/infectious disease or sickness.

Check whichever statement is true:

_____ **My child/student is unvaccinated**, and I allow them to participate in in-person gatherings, fully aware of the risk of the spread of COVID. I recognize that physical distancing may not always be possible, and that my child may be required to wear a mask for their own protection and the protection of others."

_____ **My child/student is vaccinated**, and I allow them to participate in in-person gatherings, aware that, while many children may be vaccinated, others may not be. I recognize that physical distancing may not always be possible, and that my child may be required to wear a mask for their own protection and the protection of others."

By completing this form and returning it either in hard copy or in any electronic form, the undersigned agrees to its legal binding effect.

Printed name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Date: _____