

CHURCH NAME \_\_\_\_\_

CHURCH CITY \_\_\_\_\_

## PARTICIPANT MEDICAL CONTACT INFORMATION

**Must be completed by ALL participants.  
Must be signed by parent or guardian of participants under 21.**

Please type or print legibly in ink!

**PARTICIPANT NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ DAY PHONE: (    ) \_\_\_\_\_

CELL PHONE: (    ) \_\_\_\_\_

**CUSTODIAL PARENT/GUARDIAN:** \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ DAY PHONE: (    ) \_\_\_\_\_

CELL PHONE: (    ) \_\_\_\_\_

HOME ADDRESS: (IF DIFFERENT) \_\_\_\_\_

**HEALTH PLAN CARRIER:** \_\_\_\_\_

NAME OF INSURED: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

POLICY HOLDER / INSURANCE ID #: \_\_\_\_\_

**FAMILY DOCTOR:** \_\_\_\_\_

OFFICE PHONE: (    ) \_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_ OFFICE PHONE: (    ) \_\_\_\_\_

**SECOND PARENT OR EMERGENCY CONTACT PERSON:** \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

HOME PHONE: (    ) \_\_\_\_\_ DAY PHONE: (    ) \_\_\_\_\_

CELL PHONE: (    ) \_\_\_\_\_

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant: \_\_\_\_\_

**Please copy front and back of participant's/card holder's insurance card in the space below:**

Medical Card Copy Front

Medical Card Copy Back

## AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

Must be completed by parent/legal guardian of participants **under 21 years old.**

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor, do hereby authorize my child's adult leader (and/or any other adult appointed or designated by him/her) to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedures 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 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 which 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.

This authorization shall continue for such time as my child is participating in the 2020 North Dakota District LCMS Lutheran Youth Fellowship Gathering and during travel to and from the event.

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

\_\_\_\_\_  
Date

## MEDICAL CONSENT AND LIABILITY AND ACTIVITY RELEASE

Must be completed by **all participants** or by parents/guardians of participants under age 21.

I understand that the North Dakota District (ND) Lutheran Youth Fellowship Gathering for which this Medical Consent and Liability and Activity Release is being given is described as follows: a District-wide event of the ND District LCMS for youth and adult leaders held in West Fargo, ND on July 16-18, 2020. This event may include large group sessions, small group interaction, Bible study and worship, service projects, recreation and other fellowship and learning activities.

I hereby consent to participation of myself (or of my child) in the above-described event. I have read the information regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, and meal functions, the participant also may choose to participate in various recreation activities or service projects that may involve additional risks such as: jumping, running or other physical movements.

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

Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the ND District LCMS and \_\_\_\_\_ (name of congregation), its agents and servants, successors and assigns, directors, trustees, officers, employees and other representatives 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 for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during the event or travel to and from the same.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the ND District LC-MS and \_\_\_\_\_ (name of congregation) and the officers, directors, employees, volunteers, and agents of each of them is knowingly given up in return for allowing my (or my minor child's) participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representative, administrators, and assigns.

For participants age 21 and over:

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

For participants under age 21:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

## PARTICIPANT EMERGENCY MEDICAL INFORMATION

Please complete so that health providers can be aware of your personal health needs.  
Must be completed by all Gathering participants.

Name of Participant: \_\_\_\_\_

Does participant have: (if "Yes" explain)

\_\_\_ Yes \_\_\_ No      ALLERGIES? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      HEART CONDITION? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      OTHER? \_\_\_\_\_

Is participant subject to: (If "Yes" explain)

\_\_\_ Yes \_\_\_ No      HEADACHES? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      SEIZURES? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      MOTION SICKNESS? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      FAINTING? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      SLEEP WALKING? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      UPSET STOMACH? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      OTHER? \_\_\_\_\_

Does participant have reaction to: (If "Yes" explain)

\_\_\_ Yes \_\_\_ No      BEE STING? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      PENICILLIN? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      OTHER DRUGS? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      POISON IVY, OAK, SUMAC? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      OTHER? \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      Has the participant had any serious illness or surgery within the past ten years?  
Please list: \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      Does the participant have any condition that would prevent him/her from  
participating in any activities?  
Please list: \_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      Does the participant take any prescription medication?  
Please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_ Yes \_\_\_ No      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? \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot:

A current tetanus shot is required. After 7 years, another tetanus shot is recommended.

Please indicate ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise: \_\_\_\_\_

## **Gathering Covenant for living in community**

I am excited about this Gathering and the opportunity to learn more about Jesus Christ. I want to understand God and myself better, grow spiritually, get to know other Gathering participants, have fun and encourage others to do the same.

While at the Gathering I will abide by these guidelines:

- ❖ I will treat all others with respect. This includes not laughing at or criticizing the ideas or efforts of others. Being part of an accepting group will give everyone the freedom to express ideas and ask questions and share without fear of ridicule.
- ❖ I will attend all Gathering activities and be on time!
- ❖ Under no circumstances will I leave St. Andrew Lutheran Church or the Homestead Suites without permission from my adult counselor and signing out/in with the Gathering Coordinator.
- ❖ I will not bring or use illegal materials. I understand that the item(s) will be taken, not returned and I will have to call my parent(s) to tell them about the incident. I understand I may be asked to leave the Gathering and return home and my parent(s) may need to pick me up or pay additional transportation costs.
- ❖ I will use my cell phone appropriately and not during any Gathering sessions or when it detracts from the Gathering experience. Music should be appropriate to a Christian witness. Cell phones may be used with discretion and not be used during large group and interest sessions. No texting or social media except during breaks.
- ❖ Males may not visit sleeping rooms assigned to females. Females may not visit sleeping rooms assigned to males. Meeting rooms and the lobby are available for visiting.
- ❖ Any damage to St. Andrew Lutheran Church property or to a hotel sleeping room or its contents will be equally assessed to those responsible for the damage.
- ❖ All participants must be in their assigned hotel sleeping room by the designated time at the end of the day.
- ❖ I will respect the instructions and guidelines established for this Gathering and even though I might personally prefer other arrangements, I agree to live by the Gathering guidelines because they are for the good of the entire Gathering.
- ❖ I will remember my name (Christian!) and live up to it throughout this weekend!

Signed \_\_\_\_\_ (Gathering participant)