

CHURCH NAME _____

CHURCH CITY _____

DATE COMPLETED _____

PARTICIPANT MEDICAL CONTACT INFORMATION

**Must be completed by all participants.
Must be signed by parent/guardian of participants under 21.**

Please type or print in ink.

PARTICIPANT NAME: (Last) _____ (First) _____

BIRTH DATE: ____ / ____ / ____ MALE: _____ FEMALE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____ CELL PHONE: () _____

CUSTODIAL PARENT/GUARDIAN: _____

HOME 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: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME 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 and signed by parent/guardian of participants under 21 years old.

(I/We), the undersigned parent(s) and/or natural guardian(s) 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 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 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 2022 North Dakota District LCMS Middle School Gathering and during travel to and from the event.

Parent/Legal Guardian Signature

Date

MEDICAL CONSENT, INDEMNIFICATION AND RELEASE FORM

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

I understand that the 2022 North Dakota (ND) District Lutheran Church Missouri Synod (LCMS) Middle School Gathering for which this Medical Consent, Indemnification, and Liability and Activity Release Form is being given is described as follows: a District-wide event of the ND District LCMS for youth and adult leaders held in Bismarck, ND, October 20-22, 2022. 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: swimming, 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.

I do hereby expressly stipulate and agree to defend, indemnify and hold harmless the ND District LCMS, the Ramada Inn Bismarck and _____ (name of home congregation), their successors and assigns, and their directors, officers, trustees, employees, agents, servants, and other representatives ("indemnitees") from and against any present or future claims, suits, demands, actions, and liabilities, whether in law or equity, that may hereafter be made or brought against indemnitees for injury to persons or damage to property arising out of or resulting from my or my child's participation in the event ("claims"), including, but not limited to, claims of indemnitee negligence, excepting claims of recklessness or willful misconduct of indemnitees,

Furthermore, I do hereby expressly stipulate and agree to release, waive, and forever discharge the indemnitees from any claims that may hereafter be made or brought by me or my child, and by anyone on behalf of me or my child, for damages or other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss, including damage to property, sustained by me or my child during the event or travel relating to the event, excepting claims of recklessness or willful misconduct by indemnitees.

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 LCMS, the Ramada Inn Bismarck, and _____ (name of home 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, representatives, 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 health providers can be aware of your personal health needs.

Must be completed by all Gathering participants.

Participant Name: _____

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(s) 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 tetanus booster is recommended every 7 years.

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

ND District LCMS Middle School Gathering Covenant for living in community

I am excited about this Gathering and the opportunity to learn more about Jesus Christ. I want to learn more about God and my faith, 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 gives everyone the freedom to express ideas, ask questions and share without fear of judgment.
- ❖ I will attend all Gathering activities and be on time!
- ❖ Under no circumstances will I leave the Ramada Inn 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/guardian(s) to tell them about the incident. I understand I may be asked to leave the Gathering and return home. My parent/guardian (s) may need to pick me up or cover additional transportation costs.
- ❖ I will not use my cell phone during any Gathering sessions or when it takes away from the Gathering experience. No texting or social media except during breaks.
- ❖ Males may not visit sleeping rooms assigned to females and females may not visit sleeping rooms assigned to males. Meeting rooms and the lobby are available for socializing.
- ❖ The cost of any damage to a hotel sleeping room or its contents will be equally split among those assigned to the room.
- ❖ 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. 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)