

# Trip Release Form

Our Savior's Lutheran Church, Stillwater, MN



## EVENT Information

Event Name		Event Date(s):	
Payment Amount (\$):	Type of Payment:	Date Paid:	

## STUDENT Information

Name of Participant:	Age:	Date of Birth:
Street Address:	Grade:	School:
City, State, Zip Code:	<input type="checkbox"/> Male <input type="checkbox"/> Female	

## PARENT/GUARDIAN Information

Parent /Guardian Name(s):		
Home Phone:	Work Phone:	Cell Phone:
Contact Email:		

Parent /Guardian Name(s):		
Home Phone:	Work Phone:	Cell Phone:
Contact Email:		

## EMERGENCY Information

Emergency Contact Name:		Relationship:
Home Phone:	Work Phone:	Cell Phone:

***Please complete the STUDENT HEALTH INFORMATION section on side two.***

## STUDENT HEALTH Information

<b>Healthcare Provider Information:</b>	Doctor's Name:		Doctor's Office Phone Number:									
	Medical Insurance Company:		Policy Number:									
<b>Allergies</b>	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (insects, food, medications, etc.) Please explain:										
<b>Illnesses</b>	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (asthma, bleeding, cold, flu, etc.) Please explain:										
<b>Physical Restrictions</b>	<input type="checkbox"/> NONE	<input type="checkbox"/> YES (disabilities, personality changes, mood swings, depression - past 6 mos.) Please explain.										
<b>Over-the-Counter Medications:</b>	<input type="checkbox"/> YES I give permission for my child to be administered the following medication(s) for the appropriate symptom(s) according to the directions: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Tylenol</td> <td><input type="checkbox"/> Sudafed</td> <td><input type="checkbox"/> Pepto Bismal</td> <td><input type="checkbox"/> Cough/Cold/Sore Throat Lozenges</td> </tr> <tr> <td><input type="checkbox"/> Ibuprofen</td> <td><input type="checkbox"/> Bendryl</td> <td><input type="checkbox"/> Calamine lotion</td> <td><input type="checkbox"/> Hydrocortisone Cream</td> </tr> </table>				<input type="checkbox"/> Tylenol	<input type="checkbox"/> Sudafed	<input type="checkbox"/> Pepto Bismal	<input type="checkbox"/> Cough/Cold/Sore Throat Lozenges	<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Bendryl	<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Hydrocortisone Cream
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<input type="checkbox"/> Ibuprofen	<input type="checkbox"/> Bendryl	<input type="checkbox"/> Calamine lotion	<input type="checkbox"/> Hydrocortisone Cream									
<b>Prescription Medication Information:</b>	<input type="checkbox"/> NONE	<input type="checkbox"/> YES Prescription medications will be collected at the time of check-in and distributed by an adult as directions indicate. Exceptions are immediate response medications such as inhalers										
		Drug Name:	Instructions:									
		Drug Name:	Instructions:									
		Drug Name:	Instructions:									
<b>Other Medical Needs:</b>	<input type="checkbox"/> NONE	<input type="checkbox"/> YES Please indicate any medical needs the staff and adult leaders should be aware of:										

## Parent Release Information

I am the parent/legal guardian named below, and hereby grant my permission for him/her to participate fully in Our Savior's Lutheran Church (OSLC) related events/trips and activities, and to be transported off-site with OSLC church staff members and designated adult leaders. In the event of an emergency and I cannot be reached, I give permission for the supervising OSLC staff member or the available adult leader to sign forms that would ensure the necessary and immediate treatment of the participant. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I furthermore absolve those acting on my behalf in their regard from liability, as long as there is no gross negligence. *(Please attach a clear statement regarding the treatment of your child in the event of an emergency if different than the instructions stated in this paragraph. Please sign and date.)*

YES  NO I give permission for my youth's photo to be used for publicity purposes.

Parent / Guardian Signature:

Date:

## Behavior Statement

To ensure a safe, wholesome, Christian environment for everyone, we ask that the student read and agree to the following expectations:

- There will be no possession or use of drugs (including drugs and alcohol) and no inappropriate sexual activity, such as making out or hanging on to another.
- Participation in all group activities and appropriate participation in small group and large group events.
- Respect for group leaders, adults, peers, camp staff, and camp facilities are expected at all times.
- Potentially harmful or dangerous behavior to self or others of any kind will not be tolerated. No weapons of any kind.

Parent / Guardian Signature:

Date:

I, \_\_\_\_\_ (student name) have read the expectations and I agree to abide by them. I understand that any behavior that breaks an expectation will be dealt with immediately and may result in being sent home at my parent's expense. I recognize I am an ambassador of our church community and of Christ, so my attitude and behavior will reflect as such.

Student signature:

Date: