

Faith HOME Group

Release and Consent Form

Trip Name: Kalahari Resorts in Ohio

Date: September 5-6, 2017

Name of Student (please print): _____

Medical Release Form

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend an offsite activity operated by Faith Lutheran Church's HOME Group and Janell Farmer, or are of legal consenting age myself. In the event that I/he/she is injured while attending an activity and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize Janell Farmer, the lead adult of our group, to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the offsite activity.

Participant Name _____ Date of Birth _____

Home Address _____ Zip _____ Phone _____

Last date of tetanus shot _____ List Allergies _____

Please describe below if presently under a doctor's care for treatment and / or medication now or in the last two years. _____

If the participant has a chronic health issue please contact the trip leader via email 1 week prior to the trip.

Janell Farmer at tjvacfarmers@yahoo.com

Medications _____

Reason for taking Medications _____

Participant may take the following over the counter medications or rehydration products :

Tylenol	Yes___	No___	Excedrin	Yes___	No___	PeptoBismol	Yes___	No___
Imodium	Yes___	No___	Benadryl	Yes___	No___	Pedialyte	Yes___	No___

Emergency Contact Information (please indicate the person's relationship to participant)

1) _____ 2) _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Insurance Information

Name of health insurance company _____

Health insurance policy number _____

Phone/address of health insurance company _____

Name of policy holder _____

Policy holders phone number _____

Liability Release Form

I/we understand that there are inherent risks involved in any offsite activity, and I/we hereby release Faith Lutheran Church, HOME Group, Janell Farmer and volunteer workers from any and all liability due to any injury, loss, or damage to person or property that may occur during the course of my/our involvement with Faith Lutheran Church HOME Group.

- ☐ During any activity your child may be photographed or videotaped for future promotional materials.

Agreement to Transport Home

I/we the undersigned are the parents having legal custody, or the legal guardians of the above named student, a minor, have given our consent for him/her to attend an offsite activity operated by Faith HOME Group, or are of legal consenting age myself. I/we understand that Janell Farmer may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from an activity, I/he/she will be transported home at my/our expense. Janell Farmer will attempt to contact the parent or guardian to arrange such transportation.

Participation on a Faith HOME Group offsite activity is contingent upon compliance with all policies stated in this form. **Please initial that you have read and agree to the following:**

____ Participant Liability ____ Agreement to Transport Home ____ Medical Release Form

_____ I understand that use of alcohol, tobacco or the abuse of drugs is prohibited.

Parent/Guardian (print) _____
(signature) _____ Date _____
or

Participant (print) _____
(if over 18) (signature) _____ Date _____

* If the participant is older than 18 years, no Parent/Guardian signatures are necessary.

** The information on this form shall remain in effect from (Date) _____ until the trip/event date (listed on page 1) unless sooner revoked in writing and delivered to Faith Lutheran Church.