

# Medical Release Form

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

Signature of Legal Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Emergency contact (other than parent or guardian): \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Physician name: \_\_\_\_\_

Physician phone: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

## MEDICAL INFORMATION:

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

Allergies, including drug allergies (please print): \_\_\_\_\_

Current medication with instructions for use and other pertinent medical information: \_\_\_\_\_

Vegetarian, or any special dietary needs: \_\_\_\_\_

Anything else the leaders should know? \_\_\_\_\_

**Please note: The above information is confidential and will not be released except in case of emergency.**

# Covenant of Conduct

I understand that during the **2012 DRIVEN Winter Retreat**, under the guidance of Gloria Dei Lutheran Church and as a representative of Christ and the Christian community, I am responsible for my own actions.

- 1. I intend** to participate in **all** planned activities and meals.
- 2. I will** respect other participants in this event and treat them as fellow members of the Body of Christ.
- 3. I will** respect and appreciate the different gifts, cultures, and perspectives encountered in this experience.
- 4. I will** respect the property of others.
- 5. I will not abuse my body with tobacco, drugs, or alcohol at any time or have possession of these substances.**
- 6. I will have fun, but be safe at all times, especially on the mountain!**

Should I break this covenant, I agree to accept the consequences determined by the leaders, with a possibility of not being invited on future youth ministry trips/retreats.

If it is determined that my behavior warrants my leaving this event, travel to my home will be at my own expense or that of my parents or guardians.

I will allow my picture to be used in print, digital, & online media:

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_