

# BOX CITY MEDICAL WAIVER FORM

Box City Youth Event  
April 6 & 7 2024

**Effective dates:** 4-6-2024 to 4-7-2024

*Please print in ink*

<b>Youth Information</b>	#1	#2	#3
First Name			
Last Name			
Date of Birth			
List any medical problems, allergies, etc.*			
Youth Cell Phone			
Youth Email			

<b>Family Information</b>			
Parent Name:			
Address:			
City, State, Zip			
Family Home Phone		Parent Cell Phone	
Physician Name			
Telephone #			
Insurance Co.			
Telephone #			
Policy #			
Emergency Contact Name			
Relationship			
Telephone #			

\*Describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff and volunteers should be aware, and what, if any action of protection is required. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken and how and when it should be administered. Date and sign the notification and update as needed.

## RELEASE OF ALL CLAIMS

In consideration of being accepted by Advent Lutheran Church, Harleysville, PA and/or Southeastern Pennsylvania Synod for participation in youth ministry events, I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless Box City organizers, Advent Lutheran Church, the Southeastern Pennsylvania Synod, ELCA, employees, volunteers, and

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agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the children's/youth events, including travel, recreation and all associated activities. Further, I (we) (and on behalf of our child/participant) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said children's/youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery, x-rays or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, anti-diarrhea medication, antibacterial ointment, throat lozenges, eye wash solution, and the like. I (we) also release the participant's name as part of an information database for the hosting congregations, the synod and ELCA related entities, and that photos/videos produced by Box City organizers, and/or the synod become property of Box City and/or the synod and can be used for ELCA related purposes and publicity. Participants over 18 agree to the above.

Parent's/Guardian's signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Date \_\_\_\_\_ Valid: April 6 & 7 2024

Participant #1 Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Participant #2 Signature: \_\_\_\_\_ Age: \_\_\_\_\_

Participant #3 Signature: \_\_\_\_\_ Age: \_\_\_\_\_