

**Lebanon Valley Bible Church**  
**Parental Liability and Medical Release Form**  
**2017 – 2018**

We hereby give permission for our young person, \_\_\_\_\_ to attend the youth activities sponsored or promoted by the Lebanon Valley Bible Church, **during the September 2017 thru September 2018 year.** Including activities involving all night, week-end and weeklong retreats and camping.

In case of an emergency or if any medical treatment is necessary we hereby grant the Lebanon Valley Bible Church and its adult representatives, a medical power of attorney to be used on behalf of our young person.

We authorize and empower the Lebanon Valley Bible Church and its adult leaders to utilize their discretion in ordering or approving any medical treatment deemed necessary for our young person, by any licensed health care provider. We grant to the adult youth leaders the power to make all medical decisions and to authorize and approve all medical procedures in the same manner as we could if we were personally present and required to make such decisions.

If any medical treatment for our young person is authorized by an adult representative of the Lebanon Valley Bible Church, including emergency room care and or any medications deemed necessary. We understand and agree that we are financially responsible for any medical treatment and or medications provided to our young person and not covered by our medical insurance. We agree to reimburse the Lebanon Valley Bible Church and its leaders for any expenses which the church or leaders may incur regarding any medical treatment for our young person.

We understand that the Lebanon Valley Bible Church is not responsible or liable for our young person's personal effects and property. We agree to hold the Lebanon Valley Bible Church and the adult leaders harmless in the event of theft or loss resulting from any source or cause. We also understand that there will be a message from the word of God (the Bible) or certain biblical principles presented at the youth activities and that our young person will be required to be present at these presentations. We further understand that our young person must abide by whatever rules are in effect at the time of the activity or trip and we will hold the church and its leaders harmless in the event that our young person must be removed from any activity and or sent home for failure to abide by the rules in effect or an unwillingness to cooperate with the youth leader.

*We understand that this form is a blanket release that will be used for all youth activities sponsored or promoted by the Lebanon Valley Bible Church, which our young person may attend, both now and in the future. If at any time any information that we provided on this form changes we recognize that it is our responsibility to inform the Lebanon Valley Bible Church and the Youth Leaders of that change, in a timely manner. We also understand that if we decide at any future date to invalidate this Parental liability and medical release form we must do so in writing 10 days prior to any event that our young person may be involved in.*

By our signatures, for myself, my estate and my heirs, we release, discharge, indemnify, and forever hold harmless the Lebanon Valley Bible Church, its pastors, officers, agents, employees, volunteers, members and related persons and entities from any liability, damage, claim, expense, injury, death or loss of any nature involving or related in any way to myself or my young person, This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of the Lebanon Valley Bible church, its pastors, officers, agents, employees, volunteers, members and related persons and entities. I agree here to waive all claims and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against Lebanon Valley Bible, its pastors, officers, agents, employees, volunteers, members and related persons and entities. My indemnity agreement extends to attorney's fees and all litigation costs. We agree to defend, indemnify and hold harmless Lebanon Valley Bible, its pastors, officers, agents, employees, volunteers, members and related persons and entities.

Both Parents/Guardians' (Please Print) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone \_\_\_\_\_ Date \_\_\_\_\_

Both Parents/Guardians (Please Sign) \_\_\_\_\_

**(PLEASE COMPLETE THE HEALTH/INSURANCE SECTION ON THE BACK OF THIS PAGE)**

**Emergency Information**  
**(PLEASE PRINT)**

Parents/Guardians Names \_\_\_\_\_

Young Person's Name: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ E-mail: \_\_\_\_\_

**General health information:**

Any pre-existing medical conditions that we should be made aware of?

\_\_\_\_\_  
\_\_\_\_\_

Allergies? \_\_\_\_\_

\_\_\_ Heart Condition \_\_\_ Insect Stings \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Medication Allergy  
\_\_\_ Diabetes \_\_\_ Food Allergy \_\_\_ Other

If any of the above are checked, please give details \_\_\_\_\_

\_\_\_\_\_

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

**Do you have Medical Insurance?** \_\_\_ Yes \_\_\_ No If yes please fill in needed information:

Health Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Dental Policy Number: ( if not the same as health number): \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**Any information we need to know about your health coverage:** \_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Person:** In case of emergency if parent-guardian cannot be reached, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

At times youth activities may include: swimming, climbing, jumping, running etc. If your young person has any restrictions to physical activities, PLEASE inform the leaders so that proper control measures for your student can be put in place.

**Please list any restrictions your young person may have, regarding physical activities.**

\_\_\_\_\_

We suggest that you photo copy the medical information on this form so that you can easily fill in the dates and insurance numbers in future year forms and for summer camp.

We understand that this Emergency Form will be used for multiple events throughout the year.

Parents/Guardians' (Signatures) \_\_\_\_\_

\_\_\_\_\_