Trinity Lutheran Church
Office of Youth Ministry
Permission, Release, And Medical Power of Attorney Form
2008-2009

(Completed by Parent, Guardian, or self, if high school graduate aged 18 & over – Please Print)

Name_____ School_____

Teen's Email _____

Home Phone _____ Parent's Email_____ Birthdate___/___/___ Grade____

This Medical Release Form will cover all activities of Trinity Lutheran Church Youth Ministry, including transportation, from the date signed through September 30, 2008. A separate registration form for each specific activity may also be required. Specific forms are available at the Office of Youth Ministry prior to each event. The phone number is 713.229.2935.

Please notify us if any information given below changes throughout the year. Thank you.

RELEASE AND INDEMNIFICATION AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of _____(the "child"), give permission for my child to participate in all Trinity Lutheran Youth Ministry activities, and release from all liability and indemnify Trinity Lutheran Church, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.
2. I agree to instruct my child to cooperate with the Director of Youth Ministries or his agents in charge of the activity.

3a. I appoint the Director of Youth Ministries or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:
(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.
(ii) I understand that the agents of the Director of Youth Ministries will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

3b. The powers and authority granted herein may be revoked by me by written notice delivered to the Director of Youth Ministries or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically at the end of above said time period.

4. I agree that the Director of Youth Ministries or his agents may use my child's portrait or photograph, including electronically, for promotional purposes, office functions, and on our website, and hereby release the Director of Youth Ministries and his agents from any liability resulting from such use.

I have carefully read this statement, and my signature acknowledges that I fully understand its content and meaning.

_____ _____/_____/_____ _____
Signature of Parent or Guardian Date Home Phone

_____ _____ _____
Print Name Relationship Cell/Emergency Phone

Address_____ City/State_____Zip_____

Parent's Employment_____ Work Phone_____

Address_____City/State_____ Zip_____

Child's Medications_____

Allergies/Disorders/

Chronic conditions (e.g. epilepsy, ADHD, diabetes)_____

Medical Insurance Company_____ Member Number_____

Member's Name_____ Home Phone_____ Cell/Emergency Phone_____

Child's Doctor_____ Phone_____ Any Other #_____

Other Emergency Contact_____ **Relationship**_____ **Phone**_____

Please return form to Trinity Lutheran Church Office of Youth Ministry, 800 Houston Ave, Houston, TX 77007