C.L.A.S.S. Student Leadership Experience

October 25 & 26, 2019

Concordia University- Nebraska

YOUTH INFORMATION

Name _____ Grade _____ DOB _____ Male/Female
Nickname_____ School: _____
Primary Address:_____
Secondary Address: _____
Youth Email _____ Household Email _____
Youth Home Phone _____ Youth Cell Phone _____
Congregation _____ Pastor_____
Lcms District _____
T-shirt Size (adults sizes only)_____

PARENT/ GUARDIAN INFORMATION

Name(s) _____
Email(s) _____
List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name_____ #_____ Type? _____
Name_____ #_____ Type? _____
Name_____ #_____ Type? _____
Name_____ #_____ Type? _____

EMERGENCY CONTACT

Name_____ #_____ Relation? _____
Name_____ #_____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child/youth _____ (child's name)("Participant"), to attend C.L.A.S.S. Student Leadership Experience and it's surrounding activities partnered with Concordia University Seward, Nebraska on all or part of October 24, 25, 26, 2019..

LIABILITY RELEASE: In consideration of the Oklahoma District LCMS and Concordia University- Nebraska allowing the Participant to participate, I, the undersigned, do hereby release, forever discharge and agree to hold harmless the Oklahoma District LCMS and Concordia University- Nebraska , its congregations, pastors, directors, employees, volunteers and teachers (collectively herein the "District & University") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever

which may be incurred by the undersigned and the Participant while involved in the activities. I, the parent or legal guardian of this Participant, hereby grant my permission for the Participant to participate fully in the activities, including servant events away from the church event premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said District & University for any liability sustained by said District & University as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor Participant has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor Participant under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. I have provided an adult, in whose care the minor Participant has been entrusted, with a medical information form that is up to date to the best of my knowledge. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization. I declare that my child is covered by primary accident and medical insurance.

EARLY RETURN HOME POLICY: Should it be necessary for my youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

_____	x_____	_____
Print name of youth participant	Signature of youth participant	Date

_____	x_____	_____
Print name of parent/guardian	Signature of parent/guardian	Date

Return completed forms & photo releases by mail or email to:

CLASS Registration

C/o DCE Suzanne Watt

2550 E 71st St

Tulsa, OK 74136

Suzanne.watt@ctrtulsa.org

Please make check payable to Oklahoma District LCMS

Oklahoma District & Concordia University

Photo Release Form

Please indicate ONE option by initialing the box, then sign below:

□ I/We AGREE that the Oklahoma District LCMS and attending LCMS congregations as well as Concordia University- Nebraska may photograph and record my child/dependent's likeness and activities (Images)[1] during district-related activities. I grant the following rights to the Oklahoma District LCMS and Concordia University and its attending churches: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the District or University website and on the Internet, and worldwide in perpetuity for the purposes stated above. The District and its attending churches as well as the University have my permission to use the photograph, image, and/or video of my child for uses including but not limited to: publicity, advertising, event slideshows and re-caps, web content, and social media

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge the Oklahoma District LCMS and Concordia University from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

□ I/We DO NOT GRANT permission for any image that includes this youth to be published by the Oklahoma District LCMS or Concordia University- Nebraska. The Oklahoma District LCMS and Concordia University- Nebraska MAY NOT use and re-use, publish and re-publish, and modify or alter the Image(s). Use of the Images for editorial, commercial, trade, advertising, and any other purpose MAY NOT be done in any medium now existing or subsequently developed, on the church or university website and on the Internet, and worldwide in perpetuity for the purposes stated above.

Youth's Name (print)	Parent/Guardian Name (print)
x	
Parent/Guardian Signature	Date

[1] Image means all photographs, film, or other recordings taken of you as part of the Shoot.

MEDICAL INFORMATION FORM

(This 3 page form is for use if you do not have a standard congregational form)

YOUTH INFORMATION (*Please Print)*

Youth Full Name _____ Nickname _____

Home Address _____

Home Phone _____ DOB _____

PRIMARY CARE PHYSICIAN

Name:_____

Phone(s)_____ Fax: _____

Name of practice: _____

Date of last Tetanus shot _____

DENTIST

Name:_____

Phone(s)_____ Fax: _____

Name of practice: _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____ Policy

Holder's Name (please print): _____

Required: Attach a front and back copy of medical insurance card here.

MEDICATION:

List all medications the youth will bring with him/her during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication.**

Medication Name	Dose	Treatment for	Dispensing instructions
Example: Zyrtec	*5mg*	*Seasonal allergies*	*Take one pill daily in the morning with food*

Over-the-Counter Medication Permission: Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event? (Please initial the box of your preference.)

☐ **No**. Contact me or get medical help if my child has any minor medical concerns.
Parent signature_____

☐ **Yes.** I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on the **Over the Counter Medication Permission form** on an as needed basis to treat non-emergency medical conditions.
Parent Signature_____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

2. List any allergies (drug/medicine, food, and/or environmental):

IF ANY ARE LISTED-- Does your child carry and epi pen?
Does your child carry an inhaler?

3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know on this or an additional paper.

OVER THE COUNTER MEDICATION PERMISSION FORM

Youth Name: _____ Age: _____ DOB: _____

Sometimes at youth events youth have non-emergency medical issues such as headaches, stomachaches, or allergic reactions. This form allows the youth director or other supervising adult (over the age of 21) to give medication in these instances. **Please initial by each medication whether your child is permitted to be given that medication according to the directions on the bottle should he/she request it.**

Should your child have a minor illness such as a headache, stomachache or allergic reaction, can these medications be given to your child?

Medication	Yes	No
Anti-itch cream (i.e. Benadryl)		
Acetaminophen (i.e. Tylenol)		
Ibuprofen (i.e. Advil)		
Antihistamine (i.e. Benadryl)		
Antacid (i.e. Tums)		
Anti-diarrheal (i.e. Imodium)		
Other:		

This permission is for my child, _____ (youth name). I understand that that no medication can be given unless initialed on this form. I understand that this medication will only be given if a youth asks for it and according to the directions on the bottle. I understand that all medications are to be given by a supervising adult who is over the age of 21.

I understand that if my child brings any medication to a youth event, over the counter or prescription, even if it is listed on this form, there is a separate Medication Form that must be filled out. I also understand that any medication brought to a youth event must be turned in to the youth director or another supervising adult, unless agreed upon with the leader of an event in the case of medications that need to be immediately accessible, such as Epi-Pens and inhalers.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____