



GOOD SHEPHERD
LUTHERAN CHURCH

Guest Form and Release

Basic Information

Participant Name: _____

Age: _____

Date of Birth (MM/DD/YYYY): _____

Address: _____

Emergency Contact Information

Parental Guardian: _____

Phone Number: _____

Emergency Contact Person: _____

Phone Number (if different): _____

Medical History

Allergies (please list all):

Does your child need an epi-pen? () yes () no

Does your child carry an inhaler? () yes () no

Please check if your child has any of the following:

() asthma () diabetes () seizures () migraines/headaches

If you checked asthma, what are the triggers?:

Has your child been vaccinated? () yes () no

Tetanus shot? () yes () no

Any childhood diseases? (chicken pox, measles, mumps, whooping cough):

Please check any over-the-counter medications that are acceptable for your child to take if absolutely needed (please indicate dosage as well):

- Ibuprofen (Advil/Motrin/or generic)
- Acetaminophen (Tylenol or generic)
- Benadryl
- Pepto Bismol
- Tums
- Antihistamines for seasonal allergies (Zyrtec, Claritin, Allegra, ..., or generic equivalents)

Any other prevalent information that will be useful for our staff to know:

Authorization to Administer Medication:

The undersigned, as parent/legal guardian of above named child, authorizes Good Shepherd Lutheran Church staff and/or volunteers and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history to the emergency room, hospital or doctor's office providing care. Good Shepherd will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases Good Shepherd and its designated leaders (staff and volunteer) from any liability and claims arising from any consent given in good faith and in connections with diagnosis or treatment. The undersigned certifies that one has full authority to sign this Release and Authorization.

Printed Name

Signature

Pick Up/Drop off Release

I, _____, give permission for my child,
_____, to leave today's event sponsored by Good Shepherd Lutheran Church prior to the scheduled conclusion and/or to leave with a guardian other than myself. I have made arrangements to secure my child's safe transportation from the church or other designated location at the time listed below:

Time: _____

Person Picking up/Dropping off: _____

Person's Phone Number: _____

Photo Release

Photos will be freely used on our social media sites. If you do not want your photo posted, please make every attempt to remove yourself from the scene that's being photographed. Photos of children and youth under the age of 18 will be posted. If you want your child excluded from photos, you must sign below to exclude and we encourage you to discuss with your child prior to the event. Photos of children or youth under the age of 18 will not be captioned with full names. If any picture you think is found objectionable on the GSLC website, please notify media@gslutheran.org or youthfamministry@gslutheran.org as quickly as possible.

I wish for my child to be excluded from photos

(Name of child/Relationship to child)