



# Messiah Lutheran Church

Evangelical Lutheran Church in America

## Adult Chaperone Registration Form

This form is to be updated at the beginning of each program year. It will be securely filed in the church office and will accompany leaders when traveling offsite. Please be sure information is as accurate as possible.

**Chaperones are responsible for updating this information if it changes throughout the program year (i.e. changes to allergies, medical history, emergency contact information).**

Adult Chaperone Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please list someone we can contact in the event of an emergency.

Name/Relation : \_\_\_\_\_ Phone: \_\_\_\_\_

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

Insurance Company \_\_\_\_\_

**A copy of your insurance card (front and back) must accompany this form to be complete!**

### Past Medical History

Asthma: \_\_\_\_ Sinusitis: \_\_\_\_ Kidney: \_\_\_\_ Heart: \_\_\_\_ Diabetes: \_\_\_\_ Seizures: \_\_\_\_ GI: \_\_\_\_

If you checked asthma, please indicate triggers \_\_\_\_\_

If you checked asthma, will you carry an inhaler? Yes \_\_\_\_ No \_\_\_\_

If you checked any of the others above, please explain below.

\_\_\_\_\_

Are you allergic to any of the following items?

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

Insects: \_\_\_\_\_ Poison Ivy, Oak or Sumac: \_\_\_\_\_

If you checked any of the above, please indicate type of allergic reaction.

\_\_\_\_\_

\_\_\_\_\_

Do you carry an epi-pen? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Past surgeries or serious illnesses (please list): \_\_\_\_\_

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Is there anything else you would like for us to be aware of relative to your child's health or past medical history?

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### **Safe Church**

Have you ever been convicted of a crime, including sex-related or child-abuse related offenses? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

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Have you reviewed Messiah Lutheran Church's Safe Church policy and agree to abide by all the policies contained therein? \_\_\_\_\_

### **Medical Release**

I, the undersigned, authorize the Evangelical Lutheran Church of the Messiah (hereafter Messiah Lutheran Church), its 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. Messiah will endeavor, but is not required, to communicate with my emergency contact prior to treatment. The undersigned releases Messiah and its staff and/ or volunteers from any liability and claims arising from any consent given in good faith and in connections with diagnosis or treatment.

### **Photo Release**

I, the undersigned, authorize Messiah Lutheran Church and its staff and/or volunteers to utilize appropriate photographic and/or video images of me and understand I will receive compensation, should any photograph and/or video of my child be published.

### **Waiver**

I, the undersigned, hereby release, forever discharge and agree to hold harmless Messiah Lutheran Church, its staff and/or volunteers from and against any and all kind of liability, claims, demands, lawsuits, and expense of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or by virtue of my participation in confirmation class, youth group and other programming at Messiah Lutheran Church.

I, the undersigned, certifies that I have full authority to sign this Medical Release, Photo Release and Waiver.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date