

CHURCH NAME _____

CHURCH CITY _____

PARTICIPANT MEDICAL CONTACT INFORMATION

**Must be completed by all participants.
Must be signed by parent or guardian of participants under 21.
Please type or print legibly in ink!**

PARTICIPANT NAME: (Last) _____ (First) _____

BIRTH DATE: ____ / ____ / ____ MALE: _____ FEMALE: _____ SS#: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: () _____ DAY PHONE: () _____

CUSTODIAL PARENT/GUARDIAN: _____

HOME PHONE: () _____ DAY PHONE: () _____

CELL PHONE: () _____

HOME ADDRESS (IF DIFFERENT) _____

HEALTH PLAN CARRIER: _____

NAME OF INSURED: _____

RELATIONSHIP TO PARTICIPANT: _____

POLICY HOLDER / INSURANCE ID / SOCIAL SECURITY NUMBER: _____

FAMILY DOCTOR: _____

OFFICE PHONE: () _____

FAMILY DENTIST: _____ OFFICE PHONE: () _____

SECOND PARENT OR EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO PARTICIPANT: _____

HOME PHONE: () _____ DAY PHONE: () _____

CELL PHONE: () _____

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant: _____

Please copy front and back of participant's/card holder's insurance card in the space below:

Medical Card Copy Front

Medical Card Copy Back

AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

Must be completed by parents or guardians of participants under 21 years old.

(I) (We), the undersigned parent(s) and/or natural guardian(s) of _____, a minor, do hereby authorize my child's youth leader (and/or any other adult appointed or designated) to (i) consent to medical, surgical and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a) employ physicians, surgeons, dentists, nurses and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely and willingly.

This authorization shall continue for such time as my child is participating in the North Dakota District LC-MS Youth Gathering and during travel to and from the Gathering.

MEDICAL CONSENT AND LIABILITY AND ACTIVITY RELEASE FORM

Must be completed by all participants or by parents/guardians of participants under age 21.

I understand that the North Dakota District LC-MS Youth Gathering for which this MEDICAL CONSENT AND LIABILITY AND ACTIVITY RELEASE FORM is being given is described as: a youth event with large group sessions, small group interaction, Bible study and worship, service projects and recreation.

I hereby consent to participation of myself (or of my child) in the above-described Gathering. I have reviewed the event information regarding the planned activities.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I release and forever discharge, the North Dakota District LC-MS and their agents and servants, successors and assigns, directors, trustees, officers, employees and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the Gathering. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless the ND District LC-MS, its agents and servants, successors and assigns, directors, trustees, officers, employees and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during the Gathering or travel to and from it.

I hereby acknowledge that I have read this consent, understand its contents, and have signed it on my own free act and deed.

Participant Signature	Date	Witness
or		
Parent/Guardian Signature (if participant is under 21)	Date	Witness

PARTICIPANT EMERGENCY MEDICAL INFORMATION FORM

**Please complete so that health providers can be aware of your personal health needs.
Must be completed by all Gathering participants.**

Name of Participant: _____

Does participant have: (if "yes" explain)

____ Yes ____ No ALLERGIES?
____ Yes ____ No HEART CONDITION? _____
____ Yes ____ No OTHER? _____

Is participant subject to: (If "yes" explain)

____ Yes ____ No HEADACHES? _____
____ Yes ____ No SEIZURES? _____
____ Yes ____ No MOTION SICKNESS? _____
____ Yes ____ No FAINTING? _____
____ Yes ____ No SLEEP WALKING? _____
____ Yes ____ No UPSET STOMACH? _____
____ Yes ____ No OTHER? _____

Does participant have reaction to: (If "yes" explain)

____ Yes ____ No BEE STING? _____
____ Yes ____ No PENICILLIN? _____
____ Yes ____ No OTHER DRUGS? _____
____ Yes ____ No POISON IVY, OAK, SUMAC? _____
____ Yes ____ No OTHER? _____

____ Yes ____ No Has the participant had any serious illness or surgery within the past ten years?
Please list: _____

____ Yes ____ No Does the participant have any condition that would prevent him/her from
participating in any Gathering activities?
Please list: _____

____ Yes ____ No Does the participant take any prescription medication?
Please list: _____

____ Yes ____ No Are any drugs ineffective in treatment? _____

____ Yes ____ No Is the participant diabetic? Medication? _____

____ Yes ____ No Does the participant have any sight or hearing impairment? _____

____ Yes ____ No Does the participant wear contact lenses? _____

____ Yes ____ No Does the participant wear hearing aids? _____

_____ Date of last tetanus shot:

A current tetanus shot is required. After 10 years, another tetanus shot is recommended.

Please indicate ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise: _____

ND DISTRICT LCMS YOUTH GATHERING COVENANT FOR LIVING IN COMMUNITY

I am excited about this Gathering and the opportunity to learn more about Jesus Christ. I want to get to know other Gathering participants, understand God and myself better, grow spiritually, meet new people, have fun and encourage others to do the same.

While at the Gathering I will abide by these guidelines:

- ❖ I will treat all others with respect. This includes not laughing at or criticizing the ideas or efforts of others. Being part of an accepting group will give others and me the freedom to express ideas and ask questions and share without fear of ridicule.
- ❖ I will attend all Gathering activities and be on time!
- ❖ Under no circumstances will I leave the Doublewood Inn without permission from my adult counselor and signing out/in with the Gathering Registrar.
- ❖ I will not bring or use illegal materials. I understand that the item(s) will be taken, not returned and I will have to call my parent(s) to tell them about the incident. I understand I may be asked to leave the Gathering and return home and my parent(s) may need to pick me up or cover additional transportation costs.
- ❖ I will use personal entertainment devices appropriately and not during any Gathering sessions or when it detracts from the Gathering experience. Music should be appropriate to a Christian witness. Cell phones may be used for emergency purposes only and should be turned off during large group sessions.
- ❖ Males may not visit sleeping rooms assigned to females and females may not visit sleeping rooms assigned to males. Meeting rooms are available for visiting.
- ❖ Any damage to a hotel sleeping room or its contents will be equally assessed to those assigned to the room.
- ❖ All participants must be in their assigned hotel sleeping room by the designated time at the end of the day.
- ❖ I will respect the instructions and guidelines established for this Gathering and even though I might personally prefer other arrangements, I agree to live by the Gathering guidelines because they are for the good of the entire Gathering.
- ❖ I will remember my name (Christian!) and live up to it throughout this weekend!

Signed _____ (Gathering participant)