## Hurricane Harvey Trip (July 2018)

**Cost:**

$200 per student plus spending money (i.e. souvenirs)

**Important Dates:**

Payments due April 30, May 31, June 30 Dates of trip July 9-14

**Where:**

**Salem Lutheran Church -** 22601 LUTHERAN CHURCH ROAD TOMBALL, TX 77377

**Typhoon Texas-** 555 South Katy Fort Bend Road, Katy, TX 77494

**Forms**

-See attached (Need those back before student can attend trip)

*Name \_*

**Fishers of Men Lutheran Student Ministries**

**AUTHORIZATION TO CONSENT TO THE TREATMENT OF A MINOR**

I/We, the undersigned, parent(s) or legal guardian(s) of a minor, do hereby authorize Fishers of Men Lutheran Church as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care of service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis or treatment or hospital care being required, but is given to provide authority and power on the part of our afore said agent as specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable to protect the life and health of said minor child.

I/We hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of said minor to the above named agent upon completion of treatment.

**This authorization shall remain effective for as long the minor is involved with Fishers of Men Lutheran Student Ministries unless sooner revoked in writing and delivered to said agent.**

Father's Signature ------------ Work Phone

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(Please print) Mobile Phone \_

Mother's Signature Work Phone \_ (Please print) Mobile Phone \_

Address------------------------------

City State Zip \_

Today's Date \_

**Please attach a copy of the front and back your insurance ID card here.**

**MEDICAL INFORMATION - PLEASE PRINT OR TYPE**

**Name:**---------------------------**HomePhone:**--------

(LAST) (FIRST) (MIDDLE)

**Date of Birth: Age: Sex: Male Female**

**GENERAL HEALTH INFORMATION** *(I'O BE READ AND COMPLETED BY PARENTI LEGAL GUARDIAN)*

Does student have - (if *'yes"* explain)

 yes no ALLERGIES

 yes no HEART CONDITION \_

 yes no ASTHMA \_

 yes no OTHER \_

Is student subject to - (if *'yes"* explain)

 yes no FAINTING

 yes no SLEEP WALKING

 yes no UPSET STOMACH \_

 yes no OTHER

Does student 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

Please indicate anything else which leaders should know to help avoid or deal with any situation that might arise \_

Date oflast Tetanus Shot: *I I*

Please list any medications the student is currently taking, over the counter or prescription \_

**EMERGENCY MEDICAL INFORMATION**

Name ofRelative/Friend Phone Number \_

Name of Relative/Friend---------------------Phone Number--------- Name ofDoctor .Phone Number \_

Insurance Company .Phone Number \_

**EMERGENCY PROCEDURE: IN** THE EVENT OF AN EMERGENCY, LEADERS WILL ATTEMPT FIRST TO CONTACT THE PARENT AND/OR DOCTOR. IN THE EVENT THAT IT IS IMPOSSIBLE TO DO SO, PLEASE NOTE THE FOLLOWING:

 yes

 yes

 yes

 yes

no 1. With my signature, I hereby authorize First Aid by Fishers of Men Lutheran Student Ministry agents.

no 2. With my signature, I hereby authorize emergency medical care by hospital staff and/or doctor selected by Fishers of Men Lutheran Student Ministry agents.

no 3. With my signature, I authorize physicians selected by Fishers of Men Student Ministry agents to Hospitalization, secure proper treatment for, and to order injections, anesthesia or surgery.

no 4. IF answers to either#1, #2, or #3 is *"NO", YOU MUST* indicate below the procedures to be followed in the event that we are not able to contact you.

#### Fishers of Men Lutheran Church RELEASE OF LIABILITY

**AUTHORIZATION AND RELEASE OF LIABILITY**

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Fishers of Men Lutheran Church employees, representatives or agents. I recognize that there are certain inherent risks associated with athletic sports or any activities and I assume all responsibility for personal injury to myself and (if applicable) my family members. In return for the use of the property and/or facilities of Fishers of Men Lutheran Church, I make the agreements set forth below.

RELEASE OF LIABILITY AND INDEMNIFICATION

I, THE UNDERSIGNED, DO HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS FOM CHURCH, ITS PASTORS, DIRECTORS, OFFICERS, EMPLOYEES, VOLUNTEERS AND TEACHERS (COLLECTIVELY HEREIN THE "CHURCH") FROM ANY AND ALL LIABILITY, CLAIMS OR DEMANDS FOR 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 CHILDREN/YOUTH ACTIVITIES AND CHILDCARE. I THE PARENT OR LEGAL GUARDIAN OF THIS PARTICIPANT HEREBY GRANT MY PERMISSION FOR THE PARTICIPANT TO PARTICIPATE FULLY IN CHILDREN/YOUTH MINISTRY ACTIVITIES AND CHILD CARE, INCLUDING TRIPS AWAY FROM THE CHURCH PREMISES. FURTHERMORE, I, ON BEHALF OF MY MINOR PARTICIPANT, HEREBY ASSUME ALL RISK OF PERSONAL INJURY, SICKNESS, DEATH, DAMAGE AND EXPENSE AS A RESULT OF PARTICIPATION IN RECREATION AND WORK ACTIVITIES INVOLVED THEREIN. THIS RELEASE OF LIABILITY APPLIES EVEN IF THE PERSONAL INJURY, SICKNESS, DEATH,ANDIOR PROPERTY DAMAGE IS CAUSED OR ALLEGED TO BE CAUSED BY THE JOINT, COMPARATIVE, OR SOLE NEGLIGENCE OF THE CHURCH.

IN FURTHER CONSIDERATION FOR THE AGREEMENTS AND PROMISES SET FORTH HEREIN, THE UNDERSIGNED AGREES TO FULLY DEFEND, INDEMNIFY, PROTECT,AND HOLD HARMLESS FOM CHURCH, ITS PASTORS, EMPLOYEES, DIRECTORS, OFFICERS, VOLUNTEERS, TEACHERS,ANDIORAGENTS (HEREINAFTER "THE INDEMNIFIED PARTIES") FROM ANY AND ALL CLAIMS, SUITS,ACTIONS,AND PROCEEDINGS WHETHER ARISING UNDER NEGLIGENCE, WARRANTY, CONTRACT, STRICT LIABILITY, PRODUCTS LIABILITY OR OTHER THEORY WHATSOEVER WHICH MAY BE INSTITUTED ON ACCOUNT OF PERSONAL INJURY, SICKNESS, DEATH,ANDIOR PROPERTY DAMAGE CAUSED OR ALLEGED TO BE CAUSED BY THE INDEMINFIED PARTIES. THE INDEMNITY OBLIGATION APPLIES EVEN IF THE PERSONAL INJURY, SICKNESS,DEATH,AND/OR PROPERTY DAMAGE IS CAUSED OR ALLEGED TO BE CAUSED BY THE JOINT, COMPARATIVE, OR SOLE NEGLIGENCE OF THE INDEMNIFIED PARTIES.

I agree not to sue Fishers of Men Lutheran Church and/or Fishers of Men Lutheran Church's employees, directors, officers, elders, trustees, volunteers, insurers, agents and representatives, and all other persons associated with the operation of Fishers of Men Lutheran Church (including without limitation any other participating churches, sponsors, parents, vendors, coaches and other workers, officials, drivers, and organizations) as to any and all claims of myself and other family members for personal injuries suffered, property damage, medical expenses, and economic loss arising directly or indirectly out of my or my family's participation in activities, and any first aid, medical care or treatment provided to me or my family in the event of injury or illness while participating in activities. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that I and/or my family may have.

This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

Printed Name of Participant: Date:. \_ If Participant is a minor:

Signature of Parent/Guardian: Date: \_

Printed Name of Parent/Guardian: \_