

**Adult Medical Release Form**  
*for youth event /activities of*  
**Our Shepherd Lutheran Church**

I agree to participate in the youth activities, programs, and ministries of Our Shepherd Lutheran Church. I understand that in any youth event/activity, especially those that include traveling, there is the risk of serious injury. I understand that I am primarily responsible for any medical expenses incurred for any reason. The church carries only liability co-insurance to assist with medical costs not covered by my own primary insurance. In the event of a medical emergency when I cannot answer for myself, and my emergency contact cannot be reached, I hereby authorize the youth leader, or designated adult counselor, to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the church, youth leader, or adult counselor, be held liable for actions taken in good conscience in an emergency. I give permission for photograph taken during activities/events to be used for publications by Our Shepherd Lutheran Church.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signature: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

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E-Mail: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work number: \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_  
**Emergency Contact 1:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
Emergency Contact 2: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Health Insurance Company: \_\_\_\_\_ Policy and/or Group#: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Orthodontist's name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Vision Caregiver Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
**Allergies of any kind:** \_\_\_\_\_  
**Physical Limitations:** \_\_\_\_\_  
**Regular Medications:** \_\_\_\_\_  
**Other Health Considerations:** \_\_\_\_\_

A Copy of both sides of your insurance card MUST be placed here:

<b>Front of Card</b>	<b>Back of Card</b>
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**SKILLS SURVEY:** Check all boxes in the following areas that apply to you:

**I may have gifts in...**

- Administration
- Discernment
- Encouragement
- Evangelism
- Faith
- Giving
- Helping
- Hospitality
- Knowledge
- Leadership
- Mercy
- Prophecy
- Serving
- Shepherding
- Teaching
- Wisdom

**I have...**

- Taught Bible studies before
- Led games
- Worked on construction projects
- Worked in Human Care
- Led Small Group Bible Studies
- Written Bible Studies
- Led Experiential Learning Activities
- Experienced deep emotional hurts
- Knowledge of Audio/Video Equipment
- Acted or played an instrument in front of a group of strangers
- Taken First Aid/CPR classes
- Been a lifeguard

**I like to...**

- Design
- Empower
- Humor
- Influence
- Lead
- Listen
- Operate
- Organize
- Pioneer
- Play
- Repair
- Read
- Run
- Serve
- Acquire
- Build
- Excel
- Perform
- Improve
- Preserve
- Follow the Rules
- Prevail
- Direct
- Instruct
- Equip
- Teach
- Laugh

Are you afraid of heights? Explain \_\_\_\_\_

Do you have other skills that would be useful during worship, Bible study, or free time?

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Any other information you think we should know:

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