



## ***Medical Information***

The following information is provided for any licensed physician, dentist, or hospital not having access to my medical history

Medication Allergies \_\_\_\_\_

Food & Other Allergies \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_|\_\_\_\_|\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medication(s) currently being taken \_\_\_\_\_

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

Address \_\_\_\_\_

Insurance ID number \_\_\_\_\_ Group Number \_\_\_\_\_

Description of any limitations or restrictions on camp activities \_\_\_\_\_

### **Permissions & Liability Release**

As an adult, I am enrolled as a participant and/or leader in an activity-based camp, program or activity sponsored by Lutherhaven Ministries at one of its camps or sites. As a condition of participating in this camp, program or activity, I, the undersigned, do hereby agree to the following:

#### **Known & Unknown Risks**

I understand that my presence at and participation in this camp, program or activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the camp, program or activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that camp programs and activities are fully supervised by qualified staff whose goal it is to make every camp experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that I may incur personal injury or property damage while attending this camp, program or activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

#### **Medical Release**

I consent to first aid and emergency medical care for myself and authorize, if necessary, admission to a hospital for treatment of injuries that I could sustain while participating in this program. I understand that I am responsible for any and all medical expenses that may be incurred, including emergency medical transport, as a result of any accident or illness while participating in the program. I give permission for Lutherhaven Ministries to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for myself for medical care.

#### **Publicity Release**

I agree to allow the use of photos of myself, quotes and/or likeness' of myself in brochures, ads, web pages, video tape and other media as deemed useful by the camp for marketing purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

**Name (please print)**

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# MEADOW RIDGE ELEMENTARY

## WSP BACKGROUND CHECK FORM – (NEED COPY OF DRIVERS LIC.)

Name (First, Middle Initial, Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male or Female

Have you ever used another name? (i.e. maiden name): \_\_\_\_\_

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

Phone (Cell, Home, Work): \_\_\_\_\_

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

Have you ever been convicted of a Crime?    Yes                      No

Have you ever had findings made against you in any civil adjudicative proceeding?    Yes    No

Have you ever had both a conviction and findings made against you?    Yes    No

If you answered YES – to any of the above please give an explanation below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In Connection with my volunteering at Meadow Ridge Elementary, I hereby authorize the Mead School District to conduct a background check on me. I understand that this security check will cover information such as criminal history. I certify that the statements made by me on this form are true, complete and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Teachers Name: \_\_\_\_\_