

LOGmichiana

Michiana Youth Ministries
52726 W. Cypress Circle, South Bend, IN 46637

PERMISSION FORM / MEDICAL RELEASE

I hereby give my permission for my child to participate in youth activities sponsored by the LOGmichiana **for the program period beginning on the date this form is signed and continuing for one calendar year.**

Child's Name _____ Date of Birth _____

Parent / Guardian's Name _____

Parent / Guardian's Address _____

Parent / Guardian's email address _____

Father's home phone _____ Father's cell phone _____

Mother's home phone _____ Mother's cell phone _____

Emergency phone (in the event a parent cannot be reached) _____ Family Doctor _____

PLEASE NOTE: THE PARENT OR GUARDIAN OF THE YOUTH PARTICIPANT WILL BE RESPONSIBLE FOR ANY ACCIDENT OR INJURY RESULTING IN THE NEED FOR MEDICAL SERVICES.

Name of insurance carrier _____ Name on policy _____

Policy # _____ Group # _____

Any drug/food allergies _____ Last tetnus/toxoid shot _____

Recent illness/operation info _____

Medication presently taking _____

Special dietary needs _____

Any other important information that we should know: (use back if necessary)

Except as noted above or on the back of this page, I give permission for LOG leaders to give my child general pain medication and/or over-the-counter allergy medication as needed. In the event of an emergency, when parents cannot be contacted, I authorize the LOG leaders to (at their discretion) call paramedics or take my child to receive emergency services.

Parent's initials

I give consent for the LOG leaders to take photographs and/or video of my child during normal program activities for use in promotional and publicity endeavors. These photos may be posted on the LOGmichiana website, Facebook page, Instagram account or other social media platforms.

Parent's initials

If your child has been diagnosed with or had any symptoms of COVID -19 or been in direct contact with anyone who has been diagnosed with or had any symptoms of COVID-19, please give dates of exposure?

Parent's initials

Has your child received the COVID vaccination? ___ No ___ Yes

Date/s of vaccination: _____ #1 _____ #2

I understand that those who attend LOGmichiana events may be at higher risk of exposure to contracting COVID-19. I hereby forever release, waive, discharge, and covenant not to sue LOGmichiana, the Michiana Youth Ministries Inc. board members and employees as well as any ministry partners on whose property we hold our events (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever directly or indirectly arising out of or related to any loss, damage, or injury, including death, related to COVID-19 that may arise in connection with my child's attendance at an LOGmichiana event, whether caused by the negligence action or inaction of the Released Parties or any third-party in attendance at the LOGmichiana event.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Questions? Contact Rev. Terry McBride
(574) 274-5990 (cell)
email: terry@logmichiana.org

Please return this form to LOGmichiana as soon as possible. It will be kept on file and will apply to any and all LOG activities in which your child participates.