

Medical Consent and Liability Release Form

2026 Youth Servant Events: Camp Linn Haven

This form must be completed by **all participants**.

This form must be signed by a parent or guardian of participants under 18 years of age.

Participant Name: Last _____ First _____

Birth Date: / / Circle one: Male Female Email: _____

Home Address: _____

City, State, Zip _____

Home Phone: () _____ Day Phone: () _____

Custodial Parent/Guardian: _____

Home Phone: () _____ Day Phone: () _____

Home Address: (if different) _____

Health Care Plan Carrier: _____

Name of Insured: _____

Relationship To Participant: _____

Insurance ID Number: _____

Family Doctor: _____ Office Phone: () _____

Family Dentist: _____ Office Phone: () _____

Second Parent or Emergency Contact Person: _____

Relationship to Participant: _____

Home Phone: () _____ Day Phone: () _____

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

A copy of the FRONT AND BACK of the participant's HEALTH INSURANCE CARD is required together with this form in order to participate in the Servant Event. The coverage you provide is the PRIMARY accident and medical coverage for you or your child attending the Youth Servant Event.

"Beholding God's Miracles in the High Country" Youth Servant Events at Camp Linn Haven, NC from June 21-27 and from July 26- August 1, 2026 is hosted by the Lutheran Church Missouri Synod and includes traveling to work sites, participation in construction type work, and interacting with area children and youth. I hereby consent to participation of myself or my child in the above-described Youth Servant Event.

I release and forever discharge (name of home congregation) _____, Camp Linn Haven, their agents and representatives, and the Lutheran Church Missouri Synod from any and all damages due to my (or my child's) participation in, attendance at, and travel to and from the Youth Servant Event. Furthermore, I do hereby expressly stipulate, and agree to indemnity and hold forever harmless, the above named Congregation, Camp, and Synod, 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, or by anyone else on their own behalf of damages or any legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during the Youth Servant Event or travel to and from this event.

For participants under age 18:

I do hereby authorize my child's Youth Servant Event 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 that 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. Every effort will be made by youth leaders to contact parents or guardians in advance of such treatments.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

For participants age 18 and older:

Participant's Signature: _____ Date: _____

Witness: _____ Date: _____

For participants under age 18:

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

- All confidential paperwork is shredded following this event.