

St. Andrew Lutheran Church Health Evaluation/Liability Release Form 30-HOUR FAMINE

13600 Technology Drive, Eden Prairie, MN 55344 – 952-937-2776
Friday, February 6 at 6:00pm – Saturday, February 7 at 2:30pm

Student's Name _____ DOB _____ Age _____ Grade _____

Parent/Guardian _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Insurance Carrier _____ Group # _____

Carrier Address _____ Phone # _____

Full Name of Insured _____ ID # _____

Family Doctor _____ Phone _____

In an emergency, if unable to reach parent, contact:

Name _____ Phone _____ Relationship to student _____

Are your student's immunizations current? Yes No Date of last Tetanus Booster ___/___/___

Special Information

Medication: Does your child take either prescription or non-prescription medication on a regular basis? Yes No

If yes, please state medication and reason: _____

Health or behavior concerns that we should be aware of: asthma, diabetes, epilepsy, ADD, ADHD etc.:

Allergies: _____ Any other information: _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, St. Andrew Lutheran Church and persons of any liability against personal losses of you/your child. Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend the 30-Hour Famine (hereafter the "Event") being organized by St. Andrew Lutheran Church. I / We understand that there are inherent risks involved in any event, and I / we hereby release St. Andrew Lutheran Church, its employees, its agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property ant may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending the Event and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which is a physician and/or hospital personal refuses to administer without my / our consent, I / we herby authorize the Minister to Youth and Young Adults, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medial care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my best knowledge, still be in force for the student named above at the time of the Event.

I understand that my son/daughter will be fasting from food for 30 hours during this event. He/she will be allowed to drink water and juice during the event.

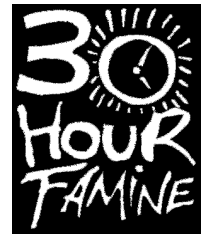
Student Signature if 18 or older _____ Date _____

I give permission for my son/daughter to participate in the 30-HOUR Famine at St. Andrew Lutheran Church.

Parent/Guardian Signature _____ Date _____

Note: Guns, knives, alcohol products, tobacco products, illegal drugs or other harmful substances that may be harmful to your child or others are strictly forbidden at this event.

OVER



Consent Form

(please print)

Dear Parent/Legal Guardian,

Your son/daughter has shown an interest in participating in World Vision's 30 Hour Famine. Participation means that your son/daughter will:

- Sign up 30 Hour Famine sponsors and collect money to help those around the world who suffer from hunger, poverty, and a lack of hope.
- Miss three main meals by fasting for 30 hours.
- Drink only water and juice during those 30 hours.
- Turn in the Famine Student Guide and money raised to his or her Famine leader during the Famine event.

If your son/daughter is not physically capable of fasting for 30 hours, he or she can still participate in a modified fast. Please contact me if you would like to discuss this option. Before I issue a Famine Student Guide to your child, I would like your acknowledgment that you support his or her participation.

Thank you.

Group Leader (please print)

Name of Group (please print)

I have no objection to my child, _____, participating in World Vision's 30 Hour Famine.

Signature of Parent/Legal Guardian

World Vision is a Christian relief and development organization dedicated to helping children and their communities worldwide reach their full potential by tackling the causes of poverty.

Fasting is a physical benefit for most people. Exceptions are children under 12 years of age, the elderly, diabetics, those pregnant or nursing, and others who have had recent surgeries or have other specific medical problems. Most youth will have no problems completing the 30 Hour Famine; however, modifications can be made as necessary. If you have any health-related questions about your child's participation in the Famine, please consult your doctor.

For more information on fasting, you can request a "Facts on Fasting" sheet from your Famine group leader. You can also obtain this sheet by calling 1-800-7-FAMINE or finding it at www.30hourfamine.org. Please do not send this consent form to World Vision.