

## ***MEDICAL RELEASE***

In case of illness, accident or injury, I/we grant permission to Northland Lutheran High School, its administration, representatives, host parents, faculty, or staff to authorize examination and treatment for my/our child, \_\_\_\_\_ (student's name), by qualified medical personnel.

I/we also grant Northland Lutheran High School, its administration, representatives, host parents, faculty, or staff all necessary permissions to act as legal guardians, especially in emergencies, whether medical or other, including surgical operations or any other treatment.

I/we accept full financial responsibility for any medical attention needed for my/our child.

This authorization also grants permission to release information regarding my/our child in order to receive any and all inoculations or immunizations required by federal, state and/or school authorities for participation in any Northland Lutheran High School program.

This Medical release Authorization shall be valid for the current academic year of my/our child's enrollment at Northland Lutheran High School.

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Date

## ***LIABILITY RELEASE AND PARENT CONSENT FORM***

We, the undersigned, as the participant, and the parent(s), or legal guardian(s) of a participant in a program organized and directed by Northland Lutheran High School, hereby release Northland Lutheran High School, its Board of Directors, administration, faculty, coordinators, host parents, and staff, from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the participant for the duration of the participant's enrollment in any program at Northland Lutheran High School, whether covered by insurance or not. We further understand and agree we are responsible for any loss, damage or injury caused by the participant in the programs at Northland Lutheran High School.

We understand and agree that the participant will be subject to authorities and teachers of the school and the dorm (or host family), and that he/she must follow the rules set forth by Northland Lutheran High School (and/or the host family).

As the parent(s) or legal guardian(s) of the participant we agree to supply our child with sufficient spending money to cover his/her needs and expenses for the duration his/her program at Northland Lutheran High School. We understand and agree that Northland Lutheran High School is not responsible for my/our child's money or personal property, whether lost or stolen, while he/she is participating in any program at Northland Lutheran High School.

We grant Northland Lutheran High School permission to use photographs, or any other materials, in which the participant may appear, for promotion or publicity of the school's programs.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother or Legal Guardian

\_\_\_\_\_  
Date