

First Lutheran Church Youth Ministry
June 2009 - May 2010

Name of Student _____ Date of Birth _____ Grade _____
(Please Print)

Address _____ Phone # () _____

City _____ State _____ Zip _____

Sex: M ___ F ___ Height ___' ___" Weight ___ lbs Email of Student _____

Emergency Contact Person:

Parent/Guardian Name(s) _____

Address _____ Phone () _____
(If different from students address)

City _____ State _____ Zip _____

Cell Phone () _____ Email of Parent _____

Alternate Contact Person: (Use someone near the primary contact.)

Name _____

Address _____ City _____ St _____

Zip _____ Home Phone () _____ Work Phone () _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity or event.

Do you have health insurance? Yes _____ No _____

Name of company _____ In who's name _____

Policy # _____ Group #/Name _____

Family Doctor _____ City _____

Phone # of Doctor _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity or event.

Don't forget the Back Side



Health History:

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken _____

Any allergies Yes ___ No ___ What? _____

To medications? Yes ___ No ___ What? _____

Check all that apply:

Hay fever ___ Heart condition ___ Diabetes ___ Insect stings ___ Epilepsy ___ Asthma ___

Frequent stomach upsets ___ Nervous disorders ___ Major illness during last year _____

If any of the above are checked, please give details (i.e. include treatment of allergic reactions)

Date of last Tetanus shot _____ Contact lenses? Yes ___ No ___

Any swimming restrictions? _____

Any activity restrictions? _____

Parent medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in an emergency during the activity or event taking place, I hereby give my permission to the physician or dentist selected by the activity leader(s) to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by First Lutheran Church, and the Youth Ministry Director and Leaders during the activities and events. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. **I agree not to hold First Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.**

Parent (s)/Guardians signature _____

Date _____ Student signature _____