

**Effective dates: September 1, 2014 to August 30, 2015**

**PLEASE PRINT IN INK**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
 LAST FIRST MIDDLE

Year in school \_\_\_\_\_ ☐ Male ☐ Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—  
☐ good swimmer      ☐ fair swimmer      ☐ non-swimmer
2. Does your child have allergies to—  
☐ none      ☐ pollens      ☐ medications      ☐ food      ☐ insect bites  
☐ other: \_\_\_\_\_
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
☐ asthma      ☐ epilepsy / seizure disorder      ☐ heart trouble      ☐ diabetes  
☐ frequently upset stomach      ☐ physical handicap      ☐ other: \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear      ☐ glasses      ☐ contact lenses
6. Please list any prescription medications the participant is taking (type/dose/frequency):  
\_\_\_\_\_  
\_\_\_\_\_
7. Please list and explain any major illnesses the child experienced during the last year:  
\_\_\_\_\_  
\_\_\_\_\_
8. Should this child's activities be restricted for any reason? If yes, please explain on a separate sheet of paper.

# Medical Release Form & Personal Covenant

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**In order to establish a Christian community during our events, the following guidelines are expected:**

1. As Christians, all youth and adults have a responsibility to the environmental settings where our events are held including buildings grounds, furnishings and natural wildlife. Youth and advisors will be held financially responsible for damages they incur.
2. All youth may not leave designated buildings or areas and will participate in all group activities unless given express permission by an adult sponsor or adult staff member to do otherwise.
3. All participants, youth and adults, will take a responsibility for themselves by dressing appropriately. A participant may be asked to change clothes if an adult decides that their attire is inappropriate.
4. Show consideration and respect for others. Lights out, quiet times and prayer times are a few examples of when to demonstrate your thoughtfulness and silence. Offensive language is not considerate or respectful to the community.
5. Alcohol, illegal drugs, artificial stimulants (Vivarin, NoDoze, etc.), and abuse of over-the-counter medications will not be tolerated.
6. No use of any tobacco product is allowed.
7. Persons will not be allowed in opposite-sex rooms at any time during any event. Inappropriate displays of affection or sexual activity will not be permitted.
8. No youth will be released prior to the close of an event without parental consent. If question of legal guardianship arises, consent is required from both parents.

**Participants who fail to comply with the previously stated guidelines may be asked to leave and parents may be called. If a participant is sent home it will be at the parent's expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *NOTE: IF YOU DESIRE TO LIMIT YOUR CHILD'S PARTICIPATION IN ANY EVENT, PLEASE SUBMIT YOUR WISHES IN WRITING TO THE CHURCH YOUTH DIRECTOR PRIOR TO THAT EVENT.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT  
sponsored by **Emanuel's Lutheran Church** (hereinafter the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff and volunteers of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured 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 from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical 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/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_