
MEDICAL / PERMISSION FORM

Youth Activities

Name of Event _____
(Please Print)

Student's Name _____ Grade _____

Street Address _____ City _____

State _____ Zip _____

Home Phone (_____) _____ Youth's Cell Phone _____

Youth's E-mail _____

Emergency Contact:

Parent/Guardian Name _____

Street Address _____
(if different from student)

City _____ State _____ Zip _____

Home Phone # (_____) _____ Cell Phone # (_____) _____

Number where contact person can be reached during this youth event (_____) _____

Medical Insurance:

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.

Do you have health insurance? ___yes ___no

Name of Insurance Company _____

Policy Number _____

Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone Number _____

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

Health History:

Pre-existing or present medical conditions

Any allergies?

Any allergies to medications?

Hay Fever Heart Condition Diabetes Insect stings
 Epilepsy/Nervous Disorders Asthma Frequent Stomach Upsets
 Physical Handicap Any major illnesses during the past year?

If any of the above has been checked, please give details. For example: Include normal treatment of allergic reactions.

Date of last Tetanus shot _____ Contact lenses? yes no

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 I cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by United Lutheran Church through its accident policy will be used as a backup for what my family's insurance does not cover.

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

Parent/Guardian Signature _____ Date _____

Signature of Student _____ Date _____
(if over 18 years of age)