

**OUR SAVIOUR'S LUTHERAN CHURCH YOUTH
PERMISSION AND MEDICAL RELEASE
September 2023 through August 2024**

Completion and signature of this form (or one with same content) by a parent or legal guardian is required before participation in youth activities.

Participant:

Name: _____ Circle 1: Male Female
Age: _____ Birthdate: _____ Our Saviour's kid: Y or N
Youth lives with (circle one): both parents mother father both separately
Mother's Name _____ Cell Phone # _____
Address: _____ home phone # _____
City: _____ State: _____ Zip: _____
Father's Name _____ Cell Phone # _____
Address (if different from mother's): _____
City: _____ State: _____ Zip: _____

Emergency Contacts:

Primary Contact: _____ Relation to Youth: _____
Daytime Phone: _____ Evening Phone: _____
Backup Contact: _____ Relation to Youth: _____
Daytime Phone: _____ Evening Phone: _____

Insurance Policy:

Policy Holder's Name: _____ Date of Birth: _____
Relation to Youth: _____
Address: _____ Phone #: _____
Insurance Company: _____
Insurance Policy #: _____ Plan #: _____

Permission - parent signature required

I, (print name of parent) _____, am the parent or legal guardian of (name of youth) _____, and I am informed of the activities offered by Our Saviour's Lutheran Church, located at 1212 Sumner Avenue S., Humboldt, IA. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by and/or attended by Our Saviour's Lutheran Church.

Additional: My child is to be excluded from the following activities:

Signature of parent: _____

Authorization for pick-up:

The following people are authorized to pick up my child:

The following people are not authorized to pick up my child:

Medical Treatment Consent - parent signature required:

I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I also understand that neither Our Saviour's Lutheran Church, any sponsoring organization nor anyone connected with Our Saviour's Lutheran Church nor any sponsoring organization will assume any responsibility for accidents or sickness incurred by my child while at their scheduled activity. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

Parent's Signature: _____ Date: _____

Medical History and Immunization Dates:

Does the youth have any of the following? (If yes, please explain):

Drug allergies: _____ Food allergies: _____

Allergies to insect bites: _____ Special dietary needs: _____

Asthma: _____ Frequent headaches, dizziness or seizures: _____

Other health problems or limitation of activities: _____

Medications the youth is taking: _____

Last Tetanus (DPT, YT or TD) _____

***Please note: Our staff cannot administer any medications, prescription or non-prescription to youth. This includes over-the-counter medicines for minor headaches or pains. Youth leaders may keep medications in their possession for the youth to administer themselves.

Physician's Information:

Physician's Name: _____

Address: _____ Telephone # _____

Photography consent

Circle one: Our Saviour's **has / done not have** my consent to take pictures of my youth and post them, safely and unnamed, in public places such as the church building, church worship screen and church Facebook page.