

# Our Savior Lutheran Church Youth Medical Release Form

Effective dates: June 2018-2019

Please print in ink

Youth's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Age \_\_\_\_\_ Birthday \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Youth's Cell \_\_\_\_\_

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

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
(Guardian's) Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
(Guardian's) Cell \_\_\_\_\_

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

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

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

## 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. Does your child have allergies to—  
 pollens  medications  food  insect bites Other: \_\_\_\_\_

2. 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

3. Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_

4. Does your child wear  glasses  contact lenses

5. Please list and explain any illnesses the child experienced during the last year:

6. Please list any medications your child is on as well as any over the counter medications your child is allowed to take.

Additional comments:

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Activities may include, but are not limited to: cookouts, sports of all kinds, large group games, swimming, games in the park, soccer, broomball, ice skating, softball, camping, 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 Director of Youth Ministries prior to that event.*

\_\_\_\_\_ has my permission to be active in the events

NAME OF STUDENT

sponsored by Our Savior Lutheran Church from June 2017-June 2018

I, the student, have read the above evaluation of my health and agree to inform the Director of Youth Ministries at Our Savior Lutheran Church if there should be any changes within the next year.

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

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

I/We the undersigned have legal custody of \_\_\_\_\_, 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 other than an incident that arising from the negligence of one of the aforesaid persons. 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 understand this form is accurate at the time of signature and will update the church if there are any medical changes during the time period listed 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.

Please check yes or no if you will grant permission for your child's picture or video to be used through Our Savior Lutheran publications and media.

\_\_\_\_\_ Yes you can use my child's picture/video for Our Savior publications or media

\_\_\_\_\_ No you cannot use my child's picture/video for Our Savior publications or media

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

\* Please attach a copy of the back and front insurance card