

Youth Activities Permission Form

Immanuel Lutheran Church Youth

This document will be valid and in full effect from date of signature; parents and youth are responsible for providing any updates to youth group leaders.

YOUTH NAME _____

CELL PHONE _____ HOME PHONE _____

EMAIL ADDRESS _____

ADDRESS _____

BIRTH DATE _____ Grade Level _____

PARENT'S/GUARDIAN'S NAMES _____

PARENT/GUARDIAN EMAILS _____

EMERGENCY PHONE NUMBERS: 1. _____ 2. _____

3. _____ 4. _____

I GIVE PERMISSION FOR MY CHILD _____ TO JOIN THE YOUTH OF THE IMMANUEL LUTHERAN CHURCH, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF AND SPONSORS. I GIVE MY PERMISSION TO ENGAGE IN ALL ACTIVITIES EXCEPT AS NOTED ON THE BACK OF THIS FORM.

I EXPECT THE YOUTH LEADERS TO DO THEIR BEST IN MAINTAINING A SAFE ENVIRONMENT FOR ALL THE CHILDREN. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING YOUTH ACTIVITIES. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THIS ACTIVITY AS AGENT FOR ME.

I ALSO GIVE PERMISSION FOR PHOTOGRAPHS OR VIDEO OF MY CHILD TO BE USED BY THE CHURCH FOR PROMOTIONAL OR OTHER PURPOSES.

PARENT/GUARDIAN _____ DATE _____

Medical Release Form/ Permission to Treat

Name of Church: **Immanuel Lutheran Church**

City/State: Alice, TX

Youth's Name: _____

Birthdate: ___/___/___ Age: ___ Sex (M/F): ___

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian: _____

Home Phone:(___) _____ Work Phone:(___) _____

Secondary contact to notify in event of emergency: _____

Their relationship to youth: _____ Their phone:(___) _____

Please supply ALL of the following information. *Attach a copy of your insurance card.*

Medical Insurance Co.: _____ Group# _____

Policy#: _____ Company's address: _____

Company's Phone: (___) _____ City: _____

State: _____ Zip: _____

Family Physician's Name: _____ Phone:(___) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List ALL medication taken on a regular basis: _____

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither a youth's primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my child/custodian as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company.

In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian

Date