

Trinity Lutheran Church, Youth Ministry Health Form

Please fill out one form for each child. Unless this information changes, one form will suffice until the student graduates.
(Please Print)

Name of Student _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip _____

Student Cell Number (____) _____ Age _____ Sex _____

Student E-mail _____

Emergency Contact Person:

Parent(s) / Guardian(s) Name: _____

Mom's Cell (____) _____ Dad's Cell (____) _____

Parent e-mail _____

Alternate Contact Person: (someone close to the student and parents)

Name: _____

Address: _____

Phone Number: Home (____) _____ Cell (____) _____

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 a youth activity.

Do you have health insurance? Yes _____ No _____

Name of Insurance Company: _____

Policy #: _____ Group # _____

Name on the policy: _____

Family Doctor: _____ Phone #:(____) _____

Location of Doctor: _____

Child's Social Security Number _____ - _____ - _____

Health History: use back of form if necessary

Pre-existing or present medical conditions: _____

Name, dosage and time of any medications that must be taken: _____

Please list any allergies your student has, including allergies to medications and if they are mild, moderate or severe: _____

What should be done in case of exposure to any of these allergens? _____

Date of Last Tetanus Shot _____

Are there any activity restrictions or any other reoccurring medical conditions we need to be aware of? _____

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, 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 Trinity Lutheran Church will apply if my child is injured while on the premises of the church building. Injuries incurred as a result of participation in sporting events are exempt in this policy (*specific to that church's policy – check on ours*).

I understand that ordinary safety precautions will be taken by the Trinity Lutheran Youth Ministry and its agents during all events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Trinity 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: ____/____/____

Transportation Release

I give my permission to the bearer of this letter to transport my child to the program events sponsored by Trinity Lutheran Church of Mitchell, for all programs that take place within Mitchell, SD and immediate surrounding areas. My child is allowed to travel out of Mitchell with the TLC group when I have been informed of the specific destination, duration of the trip, and intended event.

Please check the boxes below only if you agree to that statement:

My student, _____ **is allowed to drive another student(s)** in his/her own vehicle during a youth sponsored event, when the youth leader or volunteers give consent.

Please name whom he/she can transport: _____

My student, _____ **is allowed to ride with a student driver** in their vehicle during a youth sponsored event, when the youth leader or volunteers give consent.

Please name whom he/she can ride with: _____

My student, _____ **may not** ride with anyone other than the adult leaders and volunteers of the youth group. **Nor** may he/she transport other students in his/her personal vehicle.

Parent / Guardian Signature _____
Date: ____/____/____