

# Hope Lutheran Church – Medical Release & Permission Form

260 Vincent Street – Fond du Lac, WI 54935 – (920) 922-5130 – www.lifeathope.org

Effective dates: 9/1/2011 to 8/31/2012

Page 1 of 2

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
LAST FIRST MIDDLE

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Baptism Date \_\_\_\_\_  Male  Female

Youth Email \_\_\_\_\_ Current Grade & School \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

## Medical History

**NOTE:** 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:

- For your child's safety and our knowledge, is your student a—  
 good swimmer     fair swimmer     non-swimmer
- 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     other \_\_\_\_\_
- Date of last tetanus shot \_\_\_\_\_
- Does your child wear     glasses     contact lenses
- Your child has permission to use these common over the counter drugs—  
 ibuprofen     Tylenol     antacids/pepto bismol
- Does your child have allergies:  
 no     yes    *If yes, list all known allergies including those involving medications, food, insect bites, asthma, hay fever, etc.  
Describe reaction and management of the reaction:*  
Allergy: \_\_\_\_\_ Reaction and Management: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Please list and explain any major illnesses the child experienced during the last year. Should this child's activities be restricted for any reason? Please explain:

# Hope Lutheran Church – Medical Release & Permission Form

260 Vincent Street – Fond du Lac, WI 54935 – (920) 922-5130 – www.lifeathope.org

Page 2 of 2

## For your information, we expect each student to conform to these Rules of Conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive carpools during an event
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

## Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

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

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, 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 youth pastor prior to that event.*

\_\_\_\_\_  
NAME OF STUDENT

has my permission to attend all youth activities sponsored by **Hope Lutheran Church** from **9/1/2011** to **8/31/2012**.

## PARENT/GUARDIAN AUTHORIZATION (for those under 18 years of age)

I/we the undersigned parent/guardian give permission for the above named student to participate in events being organized by Hope Lutheran Church. I/we also give permission for our child to be transported by an adult volunteer via personal vehicle, church van and/or leased vehicle if needed. I/we have read the Rules of Conduct above and agree that my youth will abide by them during all youth gatherings or be subject to actions stated. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Hope Lutheran 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. 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 Hope Lutheran 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 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After completing both sides of this Medical Release & Permission Form, please return to Hope Lutheran Church. This form will be kept on file for the period listed. Please notify the church with any changes to medical information listed.