

**HEALTH FORM**  
**FOR IMMANUEL LUTHERAN CHURCH YOUTH**  
No child will be allowed to participate unless this form is signed and dated!

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) (\_\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_\_) \_\_\_\_\_

Name & Telephone of nearest relative if parent/guardian cannot be reached:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

In order to assure the highest degree of enjoyment and to provide the fullest protection, please complete the following information for your child. All information will be confidential and used to evaluate your child's level of participation in activities OR to instruct a doctor in case of an emergency. Please be specific.

1. Describe any heart trouble, diabetes, asthma, or other medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

2. Describe any allergies to plants, including poison ivy, oak, or sumac, and your child's reactions and treatment:

\_\_\_\_\_  
\_\_\_\_\_

3. Describe any allergies to insect stings or bites, and your child's reaction and treatment:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe any allergies to Penicillin or other drugs or medications, and your child's reaction and treatment:

\_\_\_\_\_  
\_\_\_\_\_

5. Describe any food allergies, such as peanuts, dairy, or others, and your child's reaction and treatment:

\_\_\_\_\_  
\_\_\_\_\_

6. Are your child's minimum immunization requirements up to date (DPT, measles, mumps, rubella, oral polio):

\_\_\_\_\_

7. Date of most recent Tetanus immunization: \_\_\_\_\_

8. List all medications currently prescribed for, or regularly taken by, your child, and describe all current physical restrictions, including any special dietary needs or limitations:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the information above is complete and accurate to the best of my knowledge:

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

**ACTIVITY CONSENT AND WAIVER FORM**  
**FOR IMMANUEL LUTHERAN CHURCH YOUTH**  
No child will be allowed to participate unless this form is signed and dated!

I, as parent/guardian, hereby grant permission for \_\_\_\_\_ (hereinafter referred to as "my child") to take part in all youth functions and activities at Immanuel Lutheran Church. I hereby RELEASE and agree to indemnify and hold harmless the Church, and its officers, employees, agents, volunteers, and assistants from any and all rights, claims or causes of action which I may have for damages or loss arising from accident, illness or injury to my child or any other person or persons on whose behalf this Waiver is signed, which may result from his/her participation in any such youth function, program, trip, activity, or event offered, conducted or supervised by the Church, wherever such function, program, trip, activity, or event may take place.

I understand that activities at a Church youth function typically include cooking in the kitchen, local area field trips away from the Church facility, and activities, whether at the Church or offsite, which may involve lifting, walking, hiking, running, jumping, throwing and other tasks related to play or learning.

I understand that attempts will be made to contact me if my child requires emergency medical/surgical treatment, but if it is impractical to do so and/or until I can arrive or be contacted and make decisions on behalf of my child, I hereby authorize, and give my consent to, any emergency room physician, or other physician who is present and who is approved by church staff, to provide or secure reasonably necessary treatment for my child, to hospitalize him/her, and to order injections, anesthesia, x-ray or emergency surgery deemed reasonably necessary. I also consent to minor medical treatment deemed reasonably necessary by Church staff who have basic emergency medical and CPR training/certification. Any financial obligation incurred in providing any such treatment will be covered by me personally or by the insurance policy listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Family Health Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

I hereby grant Immanuel Lutheran Church the absolute right and permission to copyright and use, reuse, publish and republish photographs, videos, or other depictions of me and/or my child to illustrate, promote, and advertise its ministries.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian

Please copy the front and back of your insurance card and attach those copies in the space below:

Front of Insurance Card:

Back of Insurance Card: