



First Lutheran Church

402 South Court Street • Fergus Falls, Minnesota 56537
Telephone: (218) 739-3348

Youth and Children's Ministry Health/Permission/Wavier Form

Youth Participant Name: _____ Nickname: _____

Youth Phone: _____ Age: _____ Date of Birth: _____ Grade _____

Parents' Names: _____

Home Address: _____
Street Town State ZIP

Parent's Phones: _____

Email Address: _____

Family Physician: _____ Office Phone: _____

1. MEDICATIONS

Does your child take any kind of medication on a regular basis? Yes _____ No _____

If yes, what? _____ What for? _____

Has it been prescribed by your family physician? Yes _____ No _____

2. ALLERGIES

Is your child allergic to any medication? Yes _____ No _____

If yes, what? _____

Does your child suffer from any other allergies? Yes _____ No _____

(especially to bee sting, food allergies, or other unusual conditions)

If yes, what? _____

If yes, what is her/his reaction to the allergen? _____

IF YOUR CHILD NEEDS MEDICINE FOR A REACTION TO AN ALLERGY, BRING MEDICINE WITH THE CHILD AND GIVE TO THE SUPERVISING ADULT.

3. TREATMENT

May your child receive **Tylenol**? Yes _____ No _____ **Advil**? Yes _____ No _____

Date of your child's most recent tetanus immunization: _____

Does your child suffer from motion/air sickness? Yes _____ No _____

If yes, what kind? _____

Is your child being treated or has he/she been treated in the past for any type of heart-related problem?

Yes _____ No _____ If yes, please describe: _____

(OVER)

PLEASE PROVIDE ANY ADDITIONAL PERTINENT INFORMATION THAT MIGHT ALLOW FOR US TO BETTER CARE FOR YOUR CHILD, ESPECIALLY PHYSICAL RESTRICTIONS:

4. INSURANCE

PLEASE CHECK ONE OF THE FOLLOWING:

A. My child is covered by the following insurance: _____

Policy Number: _____

Insurance Company phone number: _____

B. My child is NOT COVERED by any health and/or accident insurance.

5. PERMISSION/WAIVER

_____ has my permission to attend and participate in all youth ministry sponsored events of First Lutheran Church, Fergus Falls, MN. I understand that the youth will be supervised by adults at all times, unless it is determined in advance that supervision will not be necessary or practical. I also give permission for my child to be taken to the nearest medical center/hospital in case of an emergency. Cost for this service will be billed directly to the parent or indicated insurance carrier. Those not carrying insurance will be expected to pay for the service upon receipt of the bill. I agree to release First Lutheran Church, its staff, and its volunteers from any liability arising out of any accidents and or injuries suffered by the above-named student, and I agree not to hold First Lutheran Church responsible for any such accidents or injuries. I also understand my photo or my child's photo may be taken for use in First Lutheran Church website, display, and other promotional information. I waive the right to inspect or approve the photo if used for such purposes.

Parent/Guardian Signature: _____

If I cannot be reached immediately, please call: _____

Address: _____ Phone: _____