



*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:

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#### 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: \_\_\_\_\_