

# Youth Permission and Health Form

ONE STUDENT PER FORM PLEASE

Activity/event: \_\_\_\_\_ Date: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Student's email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Releases-Check all that apply. Please note: the dangerous activity release must be checked for your child to participate in events that engage in physical activity that might result in injury.

- Dangerous Activity Release: I give permission for my child to engage in risky activities including but not limited to jumping on a trampoline, wall climbing, football, etc.; due to the risk of breaking bones/getting hurt. I expect myself or my student to abide by the rules. I/we further agree not to hold Prince of Peace Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by me/the minor listed on this form.
- Photo Release: My child has permission to participate in program activities with Prince of Peace Lutheran Church. Any pictures of my child taken during events may be used in the blog, PoP website, bulletin board, power points, etc.
- Vehicle Release: My child has permission to ride in Prince of Peace sponsored vehicles, travel with an adult leader and/or parent, and participate in off site activities for church related events. I understand that transportation may consist of the church van and/or private automobiles driven by adult volunteers.

During the activity of the minor, I may be reached at: Phone: \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized on my behalf:

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Prince of Peace Lutheran Church  
2561 Victoria St N, Roseville, MN 55113  
(651) 484-4144

HEALTH FORM

EmergencyContact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

PCP: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital and Address: \_\_\_\_\_

Does your child have any medical conditions that may require special attention?

Special Concerns/Needs (including any activity restrictions): \_\_\_\_\_

\_\_\_\_\_

Allergies (food, medication, environment): \_\_\_\_\_

\_\_\_\_\_

Please list medications: \_\_\_\_\_

\_\_\_\_\_

I permit Prince of Peace Lutheran Church staff/volunteers to dispense the following medications to my child at the time and dosage indicated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I/We consent to any x-ray, anesthetic, medical, surgical, dental diagnosis, or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me before treatment. In the event that I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as the parent or legal guardian, I am financially responsible for the health care decision for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, hospital care, or treatment given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

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

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