

ST. ANDREWS LUTHERAN CHURCH  
YOUTH MINISTRY ACTIVITY  
HEALTH PERMISSION AND RELEASE FORM  
Valid through May 31, 2009

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY BEFORE SIGNING

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian Names \_\_\_\_\_  
Parent/Guardian Work Phone \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_

**Emergency contact in case we cannot contact Parent/Guardian:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_ Relation \_\_\_\_\_

Youth's Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
(Please attach a copy of insurance card, back and front)  
Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency & Health Information**

Date of last tetanus shot \_\_\_\_\_

Does youth have...(if "yes" please explain)

\_\_\_\_\_ yes \_\_\_\_\_ no Food or environmental allergies? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Heart condition? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Other? \_\_\_\_\_

Is youth subject to...(if "yes" please explain)

\_\_\_\_\_ yes \_\_\_\_\_ no Fainting? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Sleep walking? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Motion Sickness? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Other? \_\_\_\_\_

Does youth have allergic or serious reactions to...(if "yes" please explain)

\_\_\_\_\_ yes \_\_\_\_\_ no Bee sting? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Penicillin? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Other medications? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Poison Ivy, oak, sumac? \_\_\_\_\_  
\_\_\_\_\_ yes \_\_\_\_\_ no Other? \_\_\_\_\_

Please indicate ANYTHING else which leaders should know to avoid or help deal with your youth's health including any medications or medical conditions/restrictions to physical activity. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You have my permission to give my youth:**

_____ yes _____ no Robitussin (cough medicine)	_____ yes _____ no Dramamine (for motion sickness)
_____ yes _____ no acetaminophen (Tylenol)	_____ yes _____ no Rolaid's, Mylanta (antacid)
_____ yes _____ no diphenhydramine (Benadryl)	_____ yes _____ no ibuprofen (Advil, Motrin)
_____ yes _____ no topical antibiotic ointment	_____ yes _____ no topical cortisone ointment
_____ yes _____ no Pepto Bismal	_____ yes _____ no Solarcaine spray/lotion/ointment

Other medications with dosage/schedule to be taken:

(All medications must be sent in its original container)

**EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, ST. ANDREWS LUTHERAN CHURCH STAFF WORKERS WILL MAKE AN ASSERTIVE EFFORT TO FIRST CONTACT PARENT/GUARDIAN/DOCTOR!** In case they are unable to do so, I GIVE THE FOLLOWING AUTHORIZATIONS ON BEHALF OF MY SON OR DAUGHTER;

- \_\_\_\_yes \_\_\_\_no 1. With my signature, I hereby authorize First Aid by St. Andrews Lutheran staff workers.  
\_\_\_\_yes \_\_\_\_no 2. With my signature, I hereby authorize emergency medical care by hospital or emergency care doctors and/or medical staff selected by St. Andrews Lutheran staff workers.  
\_\_\_\_yes \_\_\_\_no 3. With my signature, I hereby authorize doctor(s) selected by St. Andrews Lutheran staff workers to hospitalize, secure treatment for, and to order all necessary emergency medical treatment including, injection, x-ray or other diagnostic examination, anesthesia, blood transfusions, or surgery. I further agree to pay all charges for the emergency medical or hospital care or treatment.

If parent/guardian has answered "NO" to any of the above, parent/guardian must indicate the procedure to be followed in the event youth workers are unable to contact parent/guardian/designee \_\_\_\_\_

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**Permission for Swimming and Water Related Recreational Activities**

\_\_\_\_yes \_\_\_\_no You have my permission to allow my son or daughter to (a) swim in a swimming pool/lake, and/or (b) participate in other water related activities such as boating/canoeing. I understand that a life guard will not be on duty during these activities.

**Permission for Publishing of Youth Pictures**

\_\_\_\_yes \_\_\_\_no We understand that my daughter or son's picture, selected by a staff member at St. Andrews Lutheran Church, could be published on the World Wide Web, a part of the Internet, or posted on bulletin boards. NO LAST NAME, HOME ADDRESS, OR PHONE NUMBERS WILL APPEAR WITH THE PICTURES. We grant permission for posting of pictures as described above indefinitely or until I request removal.

**Release Statement**

I acknowledge that there is the possibility of bodily injury whenever youth travel and participate in recreational activities. I hereby release St. Andrews Lutheran Church, its staff, all voluntary assistants, and their heirs from all liability for injuries that my dependent minor or I may receive while traveling, participating in, and returning from the activity. I further understand that by signing this document that I am releasing my rights to seek recovery from St. Andrews Lutheran Church, St. Andrews Lutheran Church staff workers, voluntary assistants, and their respective successors and heirs. I acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of a St. Andrews Lutheran Church youth activity.

I grant my permission to \_\_\_\_\_ to participate in St. Andrews Lutheran Church youth activities. To the best of my knowledge he/she is in good health and capable of extended physical activities.

**By signing this form, I acknowledge that I am the parent or legal guardian of the youth and have read this form, understand it, and agree with its entire content. I further agree to notify St. Andrews Lutheran Church in writing if I become aware that any of the above permissions or information about my son or daughter has changed**

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

**Youth's Covenant for Participation**

I agree to participate in the functions and activities of St. Andrews Lutheran Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

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