

Youth Information Form

Our Saviour's Lutheran Church

For the current _____ Sunday
School year.

Youth's name: _____ Gender: _____

Birthdate: ____/____/____ Age: _____ Grade entering this fall: _____

Address: _____

Youth email: _____

Youth school: _____

Community, church and school activities and engagement: _____

Parent/ Guardian: _____

Email address: _____

Address: _____

Phone: _____
(Day Time Phone) (Evening Phone) (Mobile Phone)

Parent/ Guardian: _____

Email address: _____

Address: _____

Phone: _____
(Day Time Phone) (Evening Phone) (Mobile Phone)

Additional Emergency Contact: _____

Relationship: _____

Address: _____

Phone: _____
(Day Time Phone) (Evening Phone) (Mobile Phone)

Health and Medical Information:

Is youth covered by health insurance: Yes / No

Company: _____ Policy Number: _____

Group Number: _____ Policy Holder: _____

Does your child have any **ALLERGIES**: Yes / No

If yes, please list and describe reaction and management: _____

Will your child need **MEDICATIONS** during youth events lasting less than 24 hours? Yes / No

If yes, please list and describe:

List all medical conditions, physical or learning challenges, emotional and behavioral concerns, strategies for better engaging your child, and/or other relevant information:

Parent/ Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in any and all youth activities, I authorize the staff to give my child reasonable first aid, and to arrange transportation of my child to a healthcare facility as needed. If I cannot be reached, I hereby give permission to the physician selected by staff present to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named on this form.
2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Information received may be shared with medical providers.
3. My child has permission to be transported as needed for field trips, inclement weather, or late pick-ups. I also give permission for my child to participate in walking field trips.
4. If my child requires the use and administration of an epi-pen, it is my responsibility to ensure that the pen is on my child or in their personal belongings. If staff is required to administer and use the epi-pen, I agree to forever release and discharge the staff from all liability arising out of or resulting from use or administration of the epi-pen.
5. I voluntarily waive any claim against the sponsoring organizations/ congregations and volunteers.

Parent/ Guardian Signature

Date