

Trinity Lutheran Church
Youth Permission and Medical Release Form
August 1, 2018 – August 31, 2019

Medical Release & Photography Permission

Participant Name: _____ Phone #: _____

Gender: _____ Age: _____ Birthdate: _____ Going into Grade: _____

Insurance Policy

Insurance Company: _____ Policy #: _____

Policy Holder's Name: _____

Medical History

Does the youth have any of the following? (If yes, please explain):

Drug Allergies: _____ Food Allergies: _____

Allergies to insect bites: _____ Special dietary needs: _____

Asthma: _____ Frequent headaches, dizziness or seizures: _____

Other health problems or limitation of activities: _____

Medications the youth is taking: _____

Parent(s)/Guardian Information

Name(s): _____ & _____

Phone #'s: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contacts

Primary Contact: _____ Phone #: _____

Secondary Contact: _____ Phone #: _____

Parental Contract

By signing this permission slip, I give permission for my child to attend any Trinity Lutheran Church activities from August 1, 2018 – August 31, 2019. I give consent for Trinity Lutheran Church to photograph or record my child during events and my child's image may be posted on social media without their names or personal information. I understand all reasonable safety precautions will always be taken by Trinity Lutheran Church, its staff, volunteers during the events and activities. If I cannot be reached, this document gives permission to Trinity Lutheran Church, its staff, volunteers and supervisory personnel to act on my behalf in seeking emergency treatment for my child. I agree not to hold Trinity Lutheran Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries by the subject of this form. I furthermore give permission for my child to be transported to and from events by hired and volunteer drivers authorized by Trinity Lutheran Church.

Parental Signature: _____ Phone #: _____

Participant Contract

I will conduct myself as a Christian in all youth events that are sponsored by Trinity Lutheran Church. By participating in a Christian fellowship, I will get to know fellow youth group members, find Jesus in my life and have fun along the way! I promise to obey the rules set by adult leaders and any other officials that may be involved. I understand if I fail to do so I will be sent home at MY own expense. I am aware that my parents will be telephoned and informed of the incident.

Participant Signature: _____ Phone#: _____