

**Peace Lutheran Church
2011 Medical Release and Permission Form**

Name: _____ Birthdate: _____

Address: _____
(Street/P.O. Box/City/State/Zip Code)

Phone: (home) _____ (cell) _____

Email: _____

Year in School: _____ Male: _____ Female: _____

Mother's Name: _____

Work Phone: _____

Father's Name: _____

Work Phone: _____

Emergency Contact: _____ (if parents cannot be reached)

Phone: _____

Medical Insurance Co: _____

Doctor/Clinic: _____ Phone: _____

Dentist: _____ Phone: _____

Please check the following areas:

1. For your child's safety and our knowledge, if your child a:
_____ capable swimmer _____ fair swimmer _____ non-swimmer
2. Does your child have allergies? Please describe: _____
3. Does your child have or is he/she being treated for any of the following:
_____ Asthma _____ Epilepsy/Seizures _____ Heart trouble _____ Diabetes
_____ Frequently upset stomach or headaches _____ Physical handicap
4. Please list and explain any major illnesses your child experienced during the last year:

5. Does your child wear: _____ glasses _____ contact lenses
6. Date of last tetanus shot: _____
7. Medications/Dosage (if any): _____

Note: if necessary, describe in detail the nature and severity of any physical and or psychological ailment, illness, limitation, handicap, disability or condition to which your child is subject that the staff should be aware of. Submit this notification in writing and attach it to this form.

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules and use of cell phones

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the state personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include: cookouts, swimming, basketball, rollerskating, volleyball, camping, skiing, snow tubing, hiking, concerts, Bible studies, miniature golf, hayrides. *Note: If you wish to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.*

_____ (student's name), has my permission to attend all youth activities sponsored by Peace Lutheran Church from: January 2011 to December 2011.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Peace Lutheran and its staff of any liability against personal losses of named child.

I/We, the undersigned, have legal custody of the student named above, and have given our consent for him/her to attend events being organized by Peace Lutheran Church. We hereby release the church, staff, and volunteer workers from any liability for any injury, loss or damage to person or property that may occur during the course of the child's involvement.

I/We also agree to bring the student home at our expense should he/she become ill or if deemed necessary by a Peace Lutheran staff member or volunteer.

Parent/guardian signature: _____

Date: _____