

## YOUTH INFORMATION FORM FOR 2011-12

★ **Please complete one form (both sides) per family.** (valid September 2011 through May 2012)

PARENT(S) OR GUARDIAN(S) NAME				ADDRESS (Street/City/State/Zip)				
HOME PHONE			CELL PHONE Mother: Father:			WORK PHONE Mother: Father:		
EMAIL						HOME CHURCH:		
CHILD'S FULL NAME	NICKNAME	SEX M/F	BIRTH DATE	GRADE	SCHOOL 2011-12	BAPTIZED? Yes/No <i>(include date)</i>	RECEIVED 1ST COMMUNION INSTRUCTION? Yes/No	CONFIRMED? Yes/No <i>(include date)</i>
1.								
2.								
3.								
4.								

### MEDICAL RELEASE AND PERMISSION TO PARTICIPATE IN ACTIVITIES

*PLEASE READ, CHECK AND INITIAL ALL SECTIONS BELOW*

- Yes  No \_\_\_\_\_ *initial* I give permission for my child/children to participate in youth activities sponsored by St. Andrew Lutheran Church (both on-site and off-site) for the period of **September 2011 through May 2012.**
- Yes  No \_\_\_\_\_ *initial* I hereby release St. Andrew Lutheran Congregation, its staff, and volunteer leaders from all responsibility and liability for any injury or illness that my child/children may sustain during youth activities. In the event of an emergency, I hereby authorize an adult leader of the activity, as an agent for me, to consent to any medical or dental examination and diagnosis as advised by a licensed medical practitioner. I/we will assume financial responsibility for any and all medical procedures performed with consent of the agent of St. Andrew Lutheran Church. I will be contacted as soon as possible regarding the medical emergency.
- Yes  No \_\_\_\_\_ *initial* I give permission for my child/children to be photographed/videotaped in youth activities and to use these pictures in church publications, on the church website, on the church Facebook page, and/or for congregational presentations.

Parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

*(Signature)*

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency phone \_\_\_\_\_

Second contact \_\_\_\_\_ Relationship \_\_\_\_\_

Second contact phone \_\_\_\_\_

Person authorized to pick up child: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

(If insurance information varies per child, please provide for all children.)

Medical Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Insured's Name \_\_\_\_\_

Physician's/Group's Name \_\_\_\_\_

Physician's/Group's Address \_\_\_\_\_

Physician's/Group's Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Location \_\_\_\_\_

Child #1: \_\_\_\_\_

Allergies \_\_\_\_\_

Medication being taken \_\_\_\_\_

Disabilities/limitations \_\_\_\_\_

Other information \_\_\_\_\_

Child #2: \_\_\_\_\_

Allergies \_\_\_\_\_

Medication being taken \_\_\_\_\_

Disabilities/limitations \_\_\_\_\_

Other information \_\_\_\_\_

Child #3: \_\_\_\_\_

Allergies \_\_\_\_\_

Medication being taken \_\_\_\_\_

Disabilities/limitations \_\_\_\_\_

Other information \_\_\_\_\_

Child #4: \_\_\_\_\_

Allergies \_\_\_\_\_

Medication being taken \_\_\_\_\_

Disabilities/limitations \_\_\_\_\_

Other information \_\_\_\_\_