

YOUTH INFORMATION FORM FOR 2010-11

★ **Please complete one form (two pages) per family.**

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 2010-11	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 school year of September 2010 through August 2011.
- 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, 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 _____