

TRINITY EVANGELICAL LUTHERAN CHURCH, LANSDALE, PA
5-12 GRADE YOUTH MINISTRIES HEALTH/PERMISSION/WAIVER FORM 2009-2010

Valid until September 30, 2010

Youth Participant Name: _____ Nickname: _____

Age: _____ Date of Birth: _____ Parents' Names: _____

Home Address: _____ Phone: _____
Street Town State ZIP

Email Address: _____ Graduating Class: _____

Family Physician: _____ Office Phone: _____

1. MEDICATIONS

Does your child take any kind of medication on a regular basis? Yes _____ No _____

If yes, what? _____ What for? _____

Has it been prescribed by your family physician? Yes _____ No _____

2. ALLERGIES

Is your child allergic to any medication? Yes _____ No _____

If yes, what? _____

Does your child suffer from any other allergies? Yes _____ No _____
(especially to bee stings or other unusual conditions)

If yes, what? _____

Does your child take medication for his/her allergies? Yes _____ No _____

If yes, what? _____

PLEASE MAKE SURE YOUR CHILD BRINGS THE MEDICATION.

3. TREATMENT

May your child receive **Tylenol**? Yes _____ No _____ **Advil**? Yes _____ No _____

Date of your child's most recent tetanus immunization: _____

Does your child suffer from motion/air sickness? Yes _____ No _____

If yes, what kind? _____

Is your child being treated or has he/she been treated in the past for any type of heart-related problem?

Yes _____ No _____ If yes, please describe: _____

(OVER)

PLEASE PROVIDE ANY ADDITIONAL PERTINENT INFORMATION THAT MIGHT ALLOW FOR US TO BETTER CARE FOR YOUR CHILD, ESPECIALLY PHYSICAL RESTRICTIONS:

4. INSURANCE

PLEASE CHECK ONE OF THE FOLLOWING:

_____ A. My child is covered by the following insurance: _____

Policy Number: _____

Insurance Company phone number: _____

_____ B. My child is NOT COVERED by any health and/or accident insurance.

5. PERMISSION/WAIVER

_____ has my permission to attend and participate in all youth ministry-sponsored events of Trinity Evangelical Lutheran Church of Lansdale, PA. I understand that the youth will be supervised by adults at all times, unless it is determined in advance that supervision will not be necessary or practical. I also give permission for my child to be taken to the nearest medical center/hospital in case of an emergency. Cost for this service will be billed directly to the parent or indicated insurance carrier. Those not carrying insurance will be expected to pay for the service upon receipt of the bill. I agree to release Trinity Evangelical Lutheran Church, its staff, and its volunteers from any liability arising out of any accidents and or injuries suffered by the above-named student, and I agree not to hold Trinity Evangelical Lutheran Church responsible for any such accidents or injuries.

Parents/Guardians may be reached at the following telephone numbers:

(Print Name) (Home Phone) (Work or Cell Phone)

(Print Name) (Home Phone) (Work or Cell Phone)

Parent/Guardian Signature: _____

If I cannot be reached immediately, please call: _____

Address: _____ Phone: _____