



2010-11 General Permission & Medical Information Form

Our Savior's Lutheran Church West Bend, WI

Please complete the **front & back** of this form & we will keep it on file for all events, including all trips. You will need to sign permission forms for some "out-of-building" events, but won't have to list your medical information each time. If your insurance information or contact numbers change during the year, it is your responsibility to contact the church.

Parents are responsible for medical insurance coverage for your child while he/she is attending any church related activity. We love your child & will guard them as best we can. By signing this form, you are indicating your partnership with us. Please note that your child will not be permitted to participate in events outside the church without this completed form. Thank you for your cooperation & partnership!

Youth's Name: _____ **Grade:** _____

Address: _____

Family Email Address: _____

I understand my child will be participating in activities sponsored by Our Savior's Lutheran Church from September 2010 till August 2011 including:

*Various Journey &/or Peer Ministry activities off of the church premises and youth activities on site**

**(ie Journey Operation Christmas, small group service projects, peer ministry meetings & activities, & summer kickball)*

I give my child permission to participate in the above listed activities & I waive and release and claims for injury against volunteers or employees of Our Savior's Lutheran Church. I give my child permission to ride in adult-driven vehicles if needed.

I do not want my child's photo used in any publicity for Our Savior's Lutheran Church including the church website, promotion posters, or youth group Facebook page.

Parent Signature: _____ **Date:** _____

(back)

Mother's Name: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Father's Name: _____ Home Phone: _____

Work Phone: _____ Cell: _____

Emergency Contact: _____ Home Phone: _____
(non – parent)

Work Phone: _____ Cell: _____

Family Physician: _____ Phone: _____

Are all Immunizations current? Yes / No Date of Last Tetanus shot: _____

Health Insurance:

Insurance Company: _____ Phone: _____

Primary Policy Holders Name: _____ Policy #: _____

***Medical Conditions or Concerns:** Please list any medical, diet, or personal information (e.g. allergies to medications or foods, medical conditions, medications, family situations, etc.) from which our adult leaders would benefit when they are responsible for your child.

I give permission for medical treatment deemed necessary by qualified medical personnel while my child is under the care of Our Savior's Lutheran Church and its representatives. The purpose of this information is to allow my child to receive immediate medical attention in my absence. I understand I will be contacted as soon as possible should medical treatment be required.

Parent Signature: _____ Date: _____