

# Children/Youth Permission and Health Form

ONE STUDENT PER FORM PLEASE

Activity/event: \_\_\_\_\_ Date \_\_\_\_\_

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

ASLC Member (Circle One): Yes No No—please send me Info.

Home Church, if any: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address if different from child: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Releases—check all that apply. Please note: the dangerous activity release must be checked for your child to participate in events that engage in physical activity that might result in injury.**

**Dangerous Activity Release:** I give permission for my child to engage in risky activities such as jumping on a trampoline, wall climbing, football, etc.; due to the risk of breaking bones/getting hurt. I expect myself or student to abide by the rules. I/we further agree not to hold Abiding Savior Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by me/the minor listed on this form.

**Photo Release:** My child has permission to participate in program activities with Abiding Savior Lutheran Church. Any pictures of my child taken during events may be used in the Vinebranch Newsletter, ASLC Website, Bulletin Board, Power Point Pictures, etc.

**Vehicle Release:** My child has permission to ride in ASLC sponsored vehicles, travel with an adult leader and/or parent, and participate in offsite activities for church related events. I understand that transportation may consist of the church bus and/or private automobiles driven by adult volunteers.

**During the activity of the minor I may be reached at:**

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Emergency Contact:** If I cannot be reached in the event of an emergency, the following person is authorized on my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Abiding Savior Lutheran Church  
8211 Red Oak Drive, Mounds View MN  
55112 763-784-5120

## HEALTH FORM

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital and address: \_\_\_\_\_

Does your child have any medical conditions that may require special attention?

Yes or No (circle one)

Special Concerns/Needs: \_\_\_\_\_

Please list medications: \_\_\_\_\_

I give permission for Abiding Savior Lutheran Church staff/volunteers to dispense the following medication to my child at the time and dosage indicated: \_\_\_\_\_

I/We do consent to any x-ray, anesthetic, medical, surgical, dental diagnosis, or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am financially responsible for the health care decision for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office use only:

Paid Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Received by: Initial \_\_\_\_\_ Date Received: \_\_\_\_\_

Pay by Credit Card\*\*:  /  No  Online/ Abiding Savior web site  At the church

Scholarship Amount Requested \$ \_\_\_\_\_ Scholarship Amount Approved \$ \_\_\_\_\_ Initial \_\_\_\_\_

Route to:  Verlinda/Sally  Program Staff