

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