

HOLY CROSS LUTHERAN CHURCH
YOUTH MINISTRY ACTIVITY
HEALTH PERMISSION AND RELEASE FORM
Valid through May 31, 2019

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY BEFORE SIGNING

Name of Youth _____ Date of Birth _____
Address _____ Phone _____
City _____ State _____ Zip _____
Parent/Guardian Names _____
Parent/Guardian Work Phone _____ Parent/Guardian Cell Phone _____

Emergency contact in case we cannot contact Parent/Guardian:

Name _____ Phone _____ Cell _____ Relation _____
Name _____ Phone _____ Cell _____ Relation _____

Youth's Insurance Co. _____ Policy # _____
(Please attach a copy of insurance card, back and front)
Family Physician's Name _____ Phone _____

Emergency & Health Information

Date of last tetanus shot _____

Does youth have...(if "yes" please explain)

_____ yes _____ no Food or environmental allergies? _____
_____ yes _____ no Heart condition? _____
_____ yes _____ no Other? _____

Is youth subject to...(if "yes" please explain)

_____ yes _____ no Fainting? _____
_____ yes _____ no Sleep walking? _____
_____ yes _____ no Motion Sickness? _____
_____ yes _____ no Other? _____

Does youth have allergic or serious reactions to...(if "yes" please explain)

_____ yes _____ no Bee sting? _____
_____ yes _____ no Penicillin? _____
_____ yes _____ no Other medications? _____
_____ yes _____ no Poison Ivy, oak, sumac? _____
_____ yes _____ no Other? _____

Please indicate ANYTHING else which leaders should know to avoid or help deal with your youth's health including any medications or medical conditions/restrictions to physical activity. _____

You have my permission to give my youth:

_____ yes _____ no Robitussin (cough medicine)	_____ yes _____ no Dramamine (for motion sickness)
_____ yes _____ no acetaminophen (Tylenol)	_____ yes _____ no Roloids, Mylanta (antacid)
_____ yes _____ no diphenhydramine (Benadryl)	_____ yes _____ no ibuprofen (Advil, Motrin)
_____ yes _____ no topical antibiotic ointment	_____ yes _____ no topical cortisone ointment
_____ yes _____ no Pepto Bismal	_____ yes _____ no Solarcaine spray/lotion/ointment

Other medications with dosage/schedule to be taken: _____

(All medications must be sent in its original container)

EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, HOLY CROSS LUTHERAN CHURCH STAFF WORKERS WILL MAKE AN ASSERTIVE EFFORT TO FIRST CONTACT PARENT/GUARDIAN/DOCTOR! In case they are unable to do so, I GIVE THE FOLLOWING AUTHORIZATIONS ON BEHALF OF MY SON OR DAUGHTER;

- _____yes _____no 1. With my signature, I hereby authorize First Aid by Holy Cross Lutheran staff workers.
_____yes _____no 2. With my signature, I hereby authorize emergency medical care by hospital or emergency care doctors and/or medical staff selected by Holy Cross Lutheran staff workers.
_____yes _____no 3. With my signature, I hereby authorize doctor(s) selected by Holy Cross Lutheran staff workers to hospitalize, secure treatment for, and to order all necessary emergency medical treatment including, injection, x-ray or other diagnostic examination, anesthesia, blood transfusions, or surgery. I further agree to pay all charges for the emergency medical or hospital care or treatment.

If parent/guardian has answered "NO" to any of the above, parent/guardian must indicate the procedure to be followed in the event youth workers are unable to contact parent/guardian/designee _____

Permission for Swimming and Water Related Recreational Activities

_____yes _____no You have my permission to allow my son or daughter to (a) swim in a swimming pool/lake, and/or (b) participate in other water related activities such as boating/canoeing. I understand that a life guard will not be on duty during these activities.

Permission for Publishing of Youth Likeness in Pictures and Video

_____yes _____no We understand that my daughter or son's likeness, selected by a staff member at Holy Cross Lutheran Church, could be published on the World Wide Web, a part of the Internet, or posted on bulletin boards. NO LAST NAME, HOME ADDRESS, OR PHONE NUMBERS WILL APPEAR WITH THE PICTURES. We grant permission for posting of pictures and video as described above indefinitely or until I request removal.

Release Statement

I acknowledge that there is the possibility of bodily injury whenever youth travel and participate in recreational activities. I hereby release Holy Cross Lutheran Church, its staff, all voluntary assistants, and their heirs from all liability for injuries that my dependent minor or I may receive while traveling, participating in, and returning from the activity. I further understand that by signing this document that I am releasing my rights to seek recovery from Holy Cross Lutheran Church, Holy Cross Lutheran Church staff workers, voluntary assistants, and their respective successors and heirs. I acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of a Holy Cross Lutheran Church youth activity.

I grant my permission to _____ to participate in Holy Cross Lutheran Church youth activities. To the best of my knowledge he/she is in good health and capable of extended physical activities.

By signing this form, I acknowledge that I am the parent or legal guardian of the youth and have read this form, understand it, and agree with its entire content. I further agree to notify Holy Cross Lutheran Church in writing if I become aware that any of the above permissions or information about my son or daughter has changed

Signature _____ Date _____

Youth's Covenant for Participation

I agree to participate in the functions and activities of Holy Cross Lutheran Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature _____ Date _____