

# Children/Youth Permission and Health Form for Off-Site Activities

ONE STUDENT PER FORM PLEASE

**Valid Sept 1, 2017 – August 31, 2018**

## STUDENT INFORMATION

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

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

Student's Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School District: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_\_

OSLC Member (Circle One): Yes No No—please send me information.

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 Our Saviour's Lutheran Church, its leaders, employees, and volunteer staff, liable for damages, losses, disease, or injuries incurred by me/the minor listed on this form.

**Vehicle Release:** My child has permission to ride in OSLC 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.

Filling out this form indicates my permission of my child to participate in program activities with Our Saviour's Lutheran Church. Any pictures of my child taken during events may be used in the *Seeds of Faith* Newsletter, OSLC Website, Bulletin Board, PowerPoint Pictures, etc.

**REQUIRED: TURN OVER AND FILL OUT HEALTH FORM ON BACK SIDE →**

# HEALTH FORM

**Must be filled out *completely* in order to attend event.**

Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
(Not a parent) Phone: \_\_\_\_\_

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

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

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

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

Yes or No (circle one)

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

Allergies (Include severity & treatment): \_\_\_\_\_

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

I give permission for Our Saviour's Lutheran Church staff/volunteers to dispense the following medication to my child at the time and dosage indicated: (Ex: Epi pen or inhaler)

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:** \_\_\_\_\_

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