

St. Johns Lutheran Church
302 N.E. 2ND Street, P.O. Box 238
PHONE: (763) 682-1883 FAX: (763)682-1936

HISTORY/MEDICAL AUTHORIZATION & CONSENT OF PARTICIPATION (FORM #2 YOUTH)

PLEASE READ ALL INSTRUCTIONS CAREFULLY

September 1, 2010 – August 31, 2011

This form needs to be completed and signed by a parent or guardian within 30 days of initially attending an event or activity at or away from St. Johns Lutheran Church. The annual Health History/Medical Authorization & Consent of Participation Form is designed to provide information in the event of an emergency, permission to seek medical treatment, and parental consent of participation. Please complete the required information legibly.

This form will be kept on file for one year. This form must be renewed each August.

Youth's Name: _____
First Middle Initial Last

Birthdate: _____ Grade in School: _____

Parents'/Guardians' Names: _____

Home Address: _____
Street Address City State Zip Code

Phone: _____
Home Mother – work Father – work

_____ Mother – cell Father – cell

Emergency Contacts: *Please list information for **two** people who could be contacted in case of emergency if the parent/guardian cannot be reached (relatives, close friends). These people may provide information regarding where the parent/guardian might be reached, or they might be asked to give advice/permission for medical care. **Please notify these individuals that their names have been given for this purpose.***

1. Name: _____

2. Name: _____

Relation to youth: _____

Relation to youth: _____

Address: _____

Address: _____

Phone (day): _____

Phone (day): _____

Phone (night): _____

Phone (night): _____

Cell/pager: _____

Cell/pager: _____

MEDICATIONS

- My child takes NO medications on a routine basis.
- My child may be given pain relievers (i.e. Tylenol, Motrin, etc.) as needed.

- My child takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Med #3 _____ Dosage _____ Specific times taken each day _____

Reason for taking _____

Attach additional pages for more medications.

MEDICAL RELEASE & AUTHORIZATION BY PARENTS/GUARDIANS

After failed attempts to contact us (me), we (I) authorize the adult St. Johns Lutheran Church staff, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Johns Lutheran Church.

We (I), the undersigned, for ourselves, our heirs, executors, and administrators, understand and agree that in consideration of the participation of my child in youth ministry events and activities, hereby agree to release, discharge, and hold harmless St. Johns Lutheran Church, its staff, officers, and agents, from all liability and loss (including court costs and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to my child, which is caused or claimed to be caused, in whole or in part, by the negligent acts or omissions of St. Johns Lutheran Church, its staff, officers, and agents.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

PARENT / GUARDIAN CONSENT FOR PARTICIPATION

The undersigned does hereby give permission for our (my) child to attend and to participate in all events and activities sponsored by St. Johns Lutheran Church from September 1, 2010 – August 31, 2011.

Any changes to the information in this document recorded above must be sent in writing to the Director of Youth & Family Ministry, and will be attached to this form.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

YOUTH PARTICIPATION

All participants must observe the following guidelines of conduct:

1. Participate fully in all events.
2. Show respect for all property/facilities used during the event and assume financial responsibility for any damages caused by misbehavior.
3. Observe all established schedules. Be on time for activities.
4. Behave appropriately and courteously. Swearing and obscene gestures are not permitted. All participants and staff will be treated with respect and common courtesy. Christ-like behavior is encouraged at all times.
5. Participants are expected to dress appropriately and modestly for the activities. Clothing with alcohol, tobacco advertisements, sexual connotations, or inappropriate pictures or words is prohibited. Modesty is encouraged (i.e. low cut tops and crop tops are not appropriate).
6. No alcohol, stimulants, non-prescription drugs, or any tobacco products will be allowed. Any form of pornography will not be tolerated.
7. Participants in possession of firearms will be immediately turned over to local authorities.
8. Should it be necessary for the participant to be returned home due to not following these guidelines of conduct, the parents/guardians shall assume all transportation cost.

"The entire law is summed up in a single command: 'Love your neighbor as yourself.'" (Galatians 5:14)

SIGNATURE OF YOUTH: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____