

St. John's Lutheran Church

Health and Permission Form

Summer 2007

Use this form to register your child(ren) for any event with St. John's Lutheran Church for the summer of 2007.

Parent Information:

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| Please check which address you'd like mailings sent to: | Parent/Guardian Name _____ |
| | Address of Parent/Guardian _____ |
| | work phone _____ home phone _____ cell phone _____ |
| | Second Parent/Guardian Name _____ |
| | work phone _____ home phone _____ cell phone _____ |
| | Address of Second Parent/Guardian _____ |

Child(ren) Information:

Name of child: _____ Gender _____ Date of Birth _____ Age _____
Grade _____ School _____ Date of Baptism _____
Do you have any of the following? Seizures _____ Diabetes _____ Asthma _____ ADD/ADHD _____
If yes to any, please explain: _____
Do you have allergic reactions to the following: Penicillin _____ Animals _____ Food _____ Insect Stings _____
If yes to any, please explain: _____
Immunizations up to date? YES NO Other important info we should know: _____
Please list current medications: _____

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In case of Emergency:

If parent or guardian is not available, please call: _____ Phone _____

Medical Information

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Insurance Information (required by hospitals):

Policy Holder Name _____

Name of Insurance Co. _____ Policy/ID Number _____

Parent/Guardian Consent

I am the parent or legal guardian of the child(ren) listed below, and I am informed of the activities offered by St. John's Lutheran Church. As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all activities provided by St. John's Lutheran Church.

- I give my permission for my child(ren) to participate fully in all activities sponsored by St. John's Lutheran Church.
- In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give St. John's permission to act in my behalf in seeking emergency treatment for my child(ren) in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand 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(ren).
- I give consent to all forms of transportation (personal vehicles, rented vehicles, commercial buses). St. John's is not responsible for transportation by non-St. John's people.
- I give St. John's permission to use my child(ren)'s picture for publicity. No personal information will be used.

Please check the box if you do **NOT** give permission.

Parent/Guardian Signature _____ Date _____

It is your responsibility to notify St. John's youth staff of any changes in information (policy changes, change of health conditions, medications, address or phone changes).

Please list any other special needs your child(ren) might have. Please include if you do NOT want your child to be given Tylenol or other over the counter pain relievers.

Youth Covenant – for 6th – 12th graders

These are the ground rules for our upcoming activity together. If they are unclear, please talk to Pastor Mark, Dayna or Julie before signing.

1. No drugs, alcohol, tobacco, firearms, weapons of any kind or fireworks.
2. I will be in my room/cabin/vehicle by the designated time.
3. I will attend and be on time for all departures and group meetings and activities.
4. I will respect the rights and property of others.
5. I will remember this is a group representing St. John's Lutheran Church. I will act accordingly and refrain from swearing, abusive language and wearing inappropriate clothing.
6. I realize that failure to follow these ground rules will result in my removal from this activity. A special meeting will follow with Pastor Mark, Dayna, Julie, parents and myself. If financial costs are incurred because of my behavior it is my responsibility to pay it.

I have read & agree to follow the above ground rules.

Student Signature

Parent Signature

