

St. John's Lutheran Church

Health and Permission Form

September 2011–August 2012

Use this form to register your child(ren) for any event with St. John's Lutheran Church for the 11-12 academic year.

Parent Information:


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

Child(ren) Information:

Name of child: _____ Gender _____ Date of Birth _____ Age _____
Grade _____ School _____ Date of Baptism _____
Cell phone _____ Texting OK? YES NO Email _____
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 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 to use pictures for publicity

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).

Youth Covenant – for 6th – 12th graders

These are the ground rules for our upcoming activity together. If they are unclear, please talk to a Pastor, Youth or Children's directors 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 a Pastor, Youth Director, 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

