

HEALTH HISTORY AND MEDICAL RELEASE
YOUTH AND FAMILY MINISTRY
REJOICE LUTHERAN CHURCH
1155 COUNTY ROAD 75
CLEARWATER, MN 55320
(320) 558-6851

Name _____ Age _____ Birthdate _____

Address _____ City _____ Zip _____

Parent/ Guardian _____ Home Phone _____

Father's work phone _____ Mother's work phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Emergency contact _____ Phone _____

Relationship to youth _____

HEALTH HISTORY:

Date of most recent tetanus booster shot: _____

Date of most recent physical exam: _____

Does the youth have any medical problems we should know about?

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart | <input type="checkbox"/> Kidney |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Attention Deficit | <input type="checkbox"/> Other _____ | |

Please give details of the above:

Does the youth have any important allergies?

- | | | |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Sulfa | <input type="checkbox"/> Bee Stings |
| <input type="checkbox"/> Insect Bites | <input type="checkbox"/> Plants | |
| <input type="checkbox"/> Other Medications? _____ | | |
| <input type="checkbox"/> Foods? _____ | | |
| <input type="checkbox"/> Other Allergies? _____ | | |

(OVER)

Is your child taking any on-going medication? Describe medication, directions, and if assistance is needed:

Has the youth been exposed to any contagious diseases lately? If so, please give details:

Are there any physical restrictions on the youth's activities? Please give details:

Describe your child's swimming ability:

PARENT'S AUTHORIZATION:

I give permission for my child to participate in all youth activities that are a scheduled part of Rejoice Lutheran Church's Youth Program. I hereby agree to release Rejoice Lutheran Church, its sponsors, representatives, and agents from any legal liability for my child's participation in these activities. I further agree to save, defend, and hold Rejoice Lutheran Church from any claim of legal liability for stated activities. I understand that this permission granted will cover all activities from **September 1st, 2018 – August 31st, 2019.**

I understand that every effort will be made to protect and safeguard all youth on Rejoice Lutheran Church outings. Therefore, during the period of **September 1st, 2018 through August 31st, 2019**, I agree not to hold Rejoice Lutheran Church or its designated representatives liable for any illness or mishap from any cause whatsoever which may be sustained. I understand that medical or hospital insurance is not provided by Rejoice Lutheran Church. In the event of medical or surgical emergency, after every reasonable effort has been made to contact me, the child's physician, or the emergency contact person, I do hereby grant my permission to the physician(s) selected by the youth leader and/or the Rejoice Lutheran representatives to provide any treatment or procedure deemed necessary for my child.

I understand that any youth blatantly disregarding the authority of Rejoice Lutheran Church's designated representatives are subject to being sent home at their parents' expense with no refund of the activity fee. Likewise, any youth who willfully destroys property will be held responsible and charged accordingly.

Signature of parent or guardian

Date

** If any of this information should change during the year, please come in and update this form.
Thank you!