

**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:

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

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

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Describe your child's swimming ability:

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**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, it's 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 1<sup>st</sup>, 2019 – August 31<sup>st</sup>, 2020.**

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 1<sup>st</sup>, 2019 through August 31<sup>st</sup>, 2020**, 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.

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Signature of parent or guardian

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Date

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