



# Youth Health Information Form

Youth's Name: \_\_\_\_\_ Birthday/Grade \_\_\_\_\_

Youth's Email (if applicable): \_\_\_\_\_ Youth's phone #: \_\_\_\_\_

Youth's School District: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## **Emergency Contact (if other than above parent/guardian):**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone Number: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

## **Medical Care Contacts:**

Physician's name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

## **Health Insurance Coverage for Youth:**

Insurer's name: \_\_\_\_\_

Policy or Group number: \_\_\_\_\_

Allergies, Medical Conditions, and/or Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Consent and Agreement**

In consideration of my child's, \_\_\_\_\_, opportunity to participate in Faith Lutheran Church's activities and programs occurring between 9/1/21-8/31/22, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of Faith Lutheran Church occurring in dates above. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of Faith Lutheran Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by Faith Lutheran Church its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend and hold harmless Faith Lutheran Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of Faith Lutheran Church or transportation to and from such activities and programs, whether such injury result from the negligence of Faith Lutheran Church, my child, or otherwise.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

At Faith Lutheran we value family partnership. We strongly believe faith development *starts* at home by parent's discipleship and example in living out their own faith. We then have the joy of continuing to water and nurture the seeds already planted. To do this well, we ask the following question... your answer could be a particular struggle, resource needed, prayer request, etc.

**What can I do to help your family "win"?**

Family: