

Permission Slip and Medical Form

Valid for January 1, 2011- January 1, 2012

Participant's Name _____

I give permission for my son/daughter to participate in Church/Youth activities. I also give permission for my son/daughter to travel with Good Shepherd Lutheran Church under the supervision of designated chaperones.

I also give permission for these designated chaperones to take whatever steps necessary to obtain emergency medical care for my son/daughter, as warranted. These steps may include, but are not limited to, the following:

- Attempt to contact a parent or guardian.
- Seek medical examination and treatment for injuries or conditions by a medical professional.

Any expense incurred in necessary emergency (or other) medical treatment will be born by the child's medical coverage or family.

Signature of Parent or Guardian _____ Date _____

Parent or Guardian Name (please print) _____

Home Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

If not home, please contact (include name and phone):

Health Insurance Company: _____ Policy ID# _____

Family Doctor: _____ Doctor's Phone: _____

Health History: (Check all that apply & give approximate dates)

Diabetes _____ Convulsions _____ Rheumatic Fever: _____ Chicken Pox _____

Measles _____ Asthma _____ Heart Defect/Disease _____ Ear Infections _____

Hypertension _____ Bleeding/Clotting Disorders _____

Any medications necessary:

List any allergies (hay fever, medications, ivies, insect stings, foods) or other health concerns we should be aware of:

List any special diet concerns: _____ Date of last tetanus shot: _____

Participant Agreement

I understand that I am to be on my best behavior. Not only am I representing the church, but I am also a part of a group and I need to be aware of their needs as well as my own. I agree to follow the directions of my adult chaperones, or I will have action taken in regard to my behavior. I agree not to use chemicals (alcohol, tobacco, or any other drug not listed on my medical form), or I give up my right to participate in these activities.

Signature of Participant _____