

YOUTH PARTICIPATION FORM and WAIVER (Guest)



Contact Information	
Dependent Name	
Address	
City State Zip	
Home Phone #	
Date of Birth	

Parent Information	
MOM	DAD
Name	Name
Email	Email
Phone	Phone

Doctor's Name	Office Phone
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Emergency Contact Information (if parent/guardian cannot be reached)	
Contact Name & Phone #	
Address	
City State Zip	
Work Phone	Alternate Phone

Hospital and Insurance Information	
Insurance Company Name	
Group #	Phone Number
Member #	

Health History
Please list any Special Medical Conditions
Date of last Tetanus Shot

Medications to be taken (list with directions)		Use back for additional meds	
Medication Name	Medication Name	Medication Name	Medication Name
Frequency Given	Frequency Given	Frequency Given	Frequency Given
Dosage	Dosage	Dosage	Dosage

I hereby request and give permission for the staff of St Paul Lutheran Church and their volunteers to administer the medications listed above and over the counter medicine to the student named on this form. I understand it is my responsibility to provide the prescription medication. I also understand that all medications must be provided in the original pharmacy containers I understand my child is responsible for reporting to the staff and volunteers at appropriate times to receive their medications.

Parent Signature: _____ Date: _____

Medication Allergies (Please list all allergies to medicines)	Food Allergies (Please list foods and the reactions)

Child's Name _____ Date of Birth _____

I give permission for my child to receive (Please check the items that are approved)		
<input type="checkbox"/> Acetaminophen/Tylenol	<input type="checkbox"/> Alcohol Wipes	<input type="checkbox"/> Aloe Vera Gel
<input type="checkbox"/> Antacid/ Tums	<input type="checkbox"/> Antibiotic Ointment	<input type="checkbox"/> Cough Drops
<input type="checkbox"/> Hydrocortisone Cream	<input type="checkbox"/> Ibuprofen/Advil	<input type="checkbox"/> Imodium
<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Saline Eyewash	<input type="checkbox"/> Sudafed/Benadryl
<input type="checkbox"/> Pink Bismuth/Pepto Bismol	<input type="checkbox"/> Midol	<input type="checkbox"/> Motion Sickness/Dramamine

Transportation Release (applies to students only)	
Parent's Initials	I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle driven by a background-checked chaperone.

Discipline Release (applies to students only)	
Parent's Initials	In the event of misconduct, I authorize the staff and volunteers to send my student home at my expense.

Insurance Release (applies to all traveling)	
Parent's Initials	I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits. I also understand that there is no assurance that any particular situation or event will be covered for loss.

Personal Belongings Release (applies to all traveling)	
Parent's Initials	I realize that the church, its staff and volunteers are not responsible for the personal belongings.

Use of Image Release (applies to all traveling)	
Parent's Initials	I acknowledge that St. Paul videotapes and photographs during worship services and church events. I give permission for the image of my youth to be released online, in video or photo format, or used in publications.

General Release	
Parent's Initials	<p>I hereby give consent in advance to the designated Youth Leaders and the volunteers of St Paul Lutheran Church and to the physicians or hospitals selected by them to render first aid treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of St Paul Lutheran Church will attempt to contact me before securing treatment, but that this consent is given in case I am not available in an emergency.</p> <p>I release all Youth Leaders and staff affiliated with St Paul Lutheran from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.</p>

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____