

Health Form for Youth Events
Emmanuel Lutheran Church
7730 Bradley Blvd.
Bethesda, MD 20817
301-365-5733
301-365-9236 (fax)

ALLERGIES

If there are no allergies please write "None"

**This form will be kept on file for all events for Emmanuel Lutheran Church, Bethesda, MD
between the date it is signed and July 1, 2011**

Name: _____

Date of Birth: _____ Age: _____ Grade: _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Gender M F Height _____ Weight _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Phone: _____ Work Phone: _____ Cell: _____

Alternate Contact Person: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ 2nd Phone: _____ Relationship to Youth: _____

Medications which youth will need to take during event,
this includes all over the counter medication.

Medication Dose Time Taken

If youth is taking Medication, will he/she be
Adminstrating it to him/herself? _____

All medication, prescribed or over the counter,
Must be in a properly labeled container and at
least one adult responsible for the youth during
event should know where containers are in case
of emergency.

**List any additional medications and attach
them to this form and check this Box.**

Any Medical Concerns the Adult Activity Leaders should know concerning youth?

Any Swimming, Sports or Activity Restrictions? Y N Please list if answered yes _____

If there is any other information that concerns the health or safety of this young person, please describe it either
on the back of this form or attached it to this form. **If there is addition information please check this Box.**

Signature of Parent/Guardian _____ Date _____

Parent Medical Liability Release Statement

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Youth Name(s) _____

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Please Read and Sign the Following.

I understand that in the event medical intervention is required, every attempt will be made to immediately contact the persons listed on this form during the activity dates shown on this form. I hereby give my permission to the physician, dentist or emergency medical personal selected by the Adult Activity Leader, or his/her agent, to secure medical treatment, hospitalize, order an injection, anesthesia, and/or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical interventions is needed. Coverage by Emmanuel Lutheran Church through its accident policy will be used for additional coverage which my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Emmanuel Lutheran Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know that inherent possibility of risk. I agree not to hold Emmanuel Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject(s) of this form.

Parent/Guardian Signature _____
Date _____

Name of Insurance Company _____

Policy Number _____

Group Number _____

In Whose name is the insurance? _____

Primary Care Physician (PCP) _____

PCP Phone Number _____