

Silverdale Lutheran Church
Medical Permission Form

Name _____ **Grade** _____

Medical Information

Name of Parent/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home (_____) Cell (_____)

Medical Insurance Company Name _____

Medical Insurance Policy Number _____

Group Number (if applicable) _____

Name of Policy Holder _____

Medications being taken/dosage/frequency _____

List ALL Allergies/Reactions (food/meds/pets/etc.) _____

List any special dietary needs _____

Date of last Tetanus shot _____

Please state any additional health, emotional or other conditions of which we should be aware _____

I understand that every effort will be made to contact me if my child, named above, needs medical treatment. If it is impossible to do so, I consent to and grant permission for advisors from my church to seek medical attention as recommended by a licensed physician. I agree to pay all medical cost involved in such emergency treatment.

Parent/Guardian Signature

Date

General Waiver

By signing below, I authorize Silverdale Lutheran Church to use photographs or videos of my child for promotional and informational purposes in any type of media, including its website and YouTube station.

Parent Signature: _____ Date: _____

Youth Contact Information

Name: _____

Birthdate: _____ Grade: _____

Baptism Date: (if applicable) _____

Confirmation Date: (if applicable) _____

Parents/Guardians Names:

Are you a Thrivent Family? Yes/No

Address: _____

City: _____ State: _____ Zip Code: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____ Cell Phone Provider: _____

Youth Cell Phone/Text: _____ Cell Phone Provider: _____

Parent's Email Address: _____

Youth Email Address: _____ Facebook: Yes/No

What's the best way to contact you? (text, email, Facebook, cell phone, etc.)

Parent contact _____ Youth contact _____

School youth attends: _____

Youth's special interests and activities:

Siblings: (names and ages if applicable)

Covenant of Conduct

1. I intend to participate in all planned activities.
2. I will respect other participants in this event and treat them as fellow members of the Body of Christ.
3. I will respect the property of others
4. I will respect and appreciate all the different gifts, cultures, and perspectives encountered in this experience.
5. I will not abuse my body with tobacco, drugs, or alcohol at any time or have possession of these substances.

Should I break this covenant, I agree to accept the consequences determined by the adult advisors. If it is determined that my behavior warrants my leaving an event, travel to my home will be at my own expense and/or that of my parents/guardians.

Participant Name: _____ Date: _____

Signature of Participant _____

Signature of Parent/Guardian _____ Date: _____