

**F.L.C. Youth**  
**(Sept.'16 – Aug.'17)**  
**Permission and Medical Release Form**

**Participant:**

Name: \_\_\_\_\_  
Sex: \_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contacts:**

Primary Contact: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Backup Contact: \_\_\_\_\_ Relation to Youth: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Insurance Policy:**

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Company Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

**Medical History/Immunization Dates:**

Does the youth have any of the following? (If yes, please explain):

Drug allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Allergies to insect bites: \_\_\_\_\_ Special dietary needs: \_\_\_\_\_

Asthma: \_\_\_\_\_ Frequent headaches, dizziness or seizures: \_\_\_\_\_

Other health problems or limitation of activities: \_\_\_\_\_

Medications the youth is taking: \_\_\_\_\_

Last Tetanus (DPT, YT, or TD) \_\_\_\_\_

\*\* I give my permission for this youth to participate in all aspects of F.L.C.'s programs. \*\* I understand that an effort will be made to contact me if my child needs emergency medical-surgical treatment. I hereby give permission to the staff member selected by the First Lutheran Church to secure proper treatment, hospitalize, order injections, anesthesia, x-ray or surgery as deemed necessary for my youth named above. \*\* I understand that my insurance has primary coverage and First Lutheran insurance is secondary. \*\* I will in no way hold First Lutheran or staff members liable. \*\* I give my permission for any picture taken of my child to be used for promotional purposes.

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

Date: \_\_\_\_\_