

# St. Paul's Lutheran Church Emergency Medical Treatment Parental Permission Form 2017

Please print clearly.

## Participant Information

Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of persons to be contacted other than yourself in an emergency if you cannot be reached

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

Name: \_\_\_\_\_ Phone number \_\_\_\_\_

## Medical / Insurance Information

Health Insurance? \_\_\_\_ no \_\_\_\_ yes (if yes, company name \_\_\_\_\_)

Company Telephone Number \_\_\_\_\_ Policy number \_\_\_\_\_

Limiting physical disabilities or handicaps (temporary or permanent)? \_\_\_\_ no \_\_\_\_ yes

If yes, please explain \_\_\_\_\_

Current Medications? \_\_\_\_ no \_\_\_\_ yes

If yes, what is the participant taking and what is the medication for? \_\_\_\_\_

Allergies? Reactions to medications? Any other medical limitations? \_\_\_\_ no \_\_\_\_ yes

If yes, please identify and explain: \_\_\_\_\_

Can aspirin be administered if needed? \_\_\_\_ no \_\_\_\_ yes

Can ibuprofen be administered if needed? \_\_\_\_ no \_\_\_\_ yes

Can acetaminophen be administered if needed? \_\_\_\_ no \_\_\_\_ yes

Local Physician Name : \_\_\_\_\_ Phone Number \_\_\_\_\_

## Parental Permission

I, the undersigned parent/ guardian, do hereby give permission for my child to participate in any St. Paul Youth Event. In signing this document, I release St. Paul's and its appointed chaperones and staff at the activities from any legal liability for injury. I release from any liability St. Paul's Lutheran Church and any adult chaperone or staff in the event of any accident en route to, during, or returning from church-sponsored events. In the event that I cannot be reached, I give permission for St. Paul's Lutheran Church's appointed adult staff or chaperone to make any necessary decisions with regard to medical treatment that may be required. I agree to charge my child to abide by the rules and requirements of the adult chaperones and staff. I also give St. Paul's the right and permission to use and/or publish, in print or via electronic media any photographic, audio, and video materials of the participant in church sponsored events. I waive any right to inspect or approve the materials or to receive any compensation for the use of said materials.

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

# St. Paul's Lutheran Church Covenant of Conduct

In order to live in Christian community, there are some behavioral promises we must make together.

While attending St Paul's youth activities, I will

- \* respect others and treat them as fellow members of the body of Christ
- \* respect myself and my body by not engaging in rude or inappropriate behaviors in action or words
- \* build a safe environment free of violent words or actions used towards another person or towards property
- \* follow the direction of adult chaperones
- \* refrain from engaging in any illegal activity

By signing this form, I acknowledge

- \* I have read and understand this covenant.
- \* I agree to abide by these rules and guidelines for my behavior.
- \* I understand that failure to meet these standards may result in discipline or removal from youth activities at St. Paul's Lutheran Church.

Youth Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Deaconess Signature \_\_\_\_\_  
Date \_\_\_\_\_