



# youth ministry

## HEALTH & INFORMATION FORM

**This form must be filled out and given to the Youth Ministry Office annually.**

### GENERAL INFORMATION:

Youth Name: \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Youth Cell Phone # (if applicable; for safety purposes): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternative Phone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### MEDIA RELEASE:

Word of Peace Lutheran Church does not profit from the use of any photos, audio, and/or video that are taken by church staff or volunteers. Such materials will only be used to show how the people of this church community practices its faith.

- I grant to Word of Peace Lutheran Church the right to take and modify photographs, audio, and/or video of the family members I have listed on this form in connection with Word of Peace events and activities. I authorize Word of Peace Lutheran Church, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Word of Peace Lutheran Church may use such photos, audio and/or video of the family members I have listed on this form with or without our names and for any lawful purpose, including such purposes as publicity, illustration, advertising, and website/social media content.
- Please do not publish or use any photos, audio, or video of me or my family.

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

### HEALTH INFORMATION:

Is your child in good physical condition, meaning that they have not had any serious illnesses or operations since their last health examination?  Yes  No

If no, please list recent illnesses: \_\_\_\_\_

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_ Special Concerns: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Clinic Location: \_\_\_\_\_ Clinic Phone #: \_\_\_\_\_

### EMERGENCY CONTACT:

In case of emergency, during the event I may be contacted at this phone number: \_\_\_\_\_

If I am unable to be reached, the following person may act on my behalf: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Emergency Contact's Phone #: \_\_\_\_\_

### PARENT/ GUARDIAN SIGNATURE:

I certify that the above information is correct. I understand that should any of the above information change, it is my responsibility to make Word of Peace aware of the changes.

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