

CHRIST LUTHERAN CHURCH, 701 S. Charles St., Baltimore, MD 21230-3835

Youth Programs

Health History, Emergency Contact, and Emergency Medical Treatment Permission Form

To the Parents or Guardian of: _____ (the participant) --
The information on this form will be used by the clergy and adult leaders of youth activities during the year in case of any emergency involving your child or yourself (if you are participating in a youth activity). Please note that this is only an information and release of liability form. This **is not** a blanket permission for any youth to participate in any activity. A specific permission form will be required for most events and programs.

**This form is only valid for the 2011 - 2012 Church School year, from September 1 to August 31.
A new form will be required each year.**

Family Name		First Name		Middle Initial	"Jr" etc.
Home address, including city, state, and ZIP code:					
Age	Sex	Date of birth	School		Grade
Please attach a copy of your insurance card to this sheet. (Front and back!)			Participant E-mail address:		
Parent or guardian name				Home phone	
Address				Work phone	
Email address				Mobile phone	
Parent or guardian name				Home phone	
Address				Work phone	
Email address				Mobile phone	
Emergency Contact Name				Relationship	
Address				Work phone, mobile phone	
Any other emergency contact information?					

Name of pediatrician or other physician providing primary health care for this individual:	
Address	Office phone
Current Medications List below all prescription or over-the-counter medications now being used:	
Drug Allergies and reactions List below all known drug allergies and any history of adverse drug or inoculation reactions:	
Significant Medical History List below any significant medical history that may be needed for emergency treatment:	
PERMISSION I consent to the administration of any necessary or advisable medical treatment for _____ (the participant) for the duration of events for which I have signed permission forms. I request that an attempt be made to notify me of any proposed treatment, but I recognize and understand that medical treatment may be necessary or advisable before I can be notified, and I consent to the administration of treatment in that event. I understand that Christ Lutheran Church does not provide medical insurance for participants in its youth programs. Information regarding medical insurance for the participant is as follows: Employer: _____ Insurance Company: _____ Plan No. _____ Insured: _____ Identification / policy No. _____	
RELEASE OF LIABILITY I understand that _____ (the participant) may be exposed to risk of injury in connection with his or her participation in the programs for which I will sign individual permission forms during this Church School year, and I understand that the participant may become ill or have a medical emergency during those programs. I hereby release and agree to indemnify and hold harmless Christ Lutheran Church, its Congregation Council, pastors, officers, agents, servants, employees, adult youth advisors, and any and all parental chaperones from any and all liability for any injury which may occur to the participant and for any damages that may be sustained by the participant in connection with his or her participation in the programs. It is my intention and my understanding that this release of liability shall be in force for any event or program for which I shall provide individual specific permission to participate during the Church School year identified on page 1 of this form. _____ Parent or Legal Guardian _____ Date	

Did you remember to attach a copy of your child's insurance card?