**ST. JOHN LUTHERAN & CORWITH UMC YOUTH**

**PERMISSION AND MEDICAL RELEASE**

**JUNE 2023 through AUGUST 2024**

Completion and signature of this form (or one with same content) by a parent or legal guardian is required before participation in youth activities.

**Participant:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle 1: Male Female

Grade:\_\_\_\_\_\_ Age:\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_ Member: Yes or No

Youth lives with (circle one): both parents mother father both separately

Primary Caregiver’s Name Cell Phone #

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home phone # \_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Caregiver’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from primary):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: State: Zip:

**Emergency Contacts if Primary and Additional Caregiver are not available:**

Contact: Relation to Youth:

Daytime Phone: Evening Phone:

**Insurance Policy:**

Policy Holder’s Name: Date of Birth:

Relation to Youth:

Address: Phone #:

Insurance Company:

Insurance Policy #: Plan #:

**Permission –** parent signature required

I, (print name of parent) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of (name of youth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I am informed of the activities offered by St. John Lutheran Church/ Corwith UMC, both located in Corwith, IA. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by and/or attended by St. John Lutheran Church/Corwith UMC.

Additional: My child is to be excluded from the following activities:

Signature of parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for pick-up:**

The following people are authorized to pick up my child:

The following people are not authorized to pick up my child:

**Medical Treatment Consent –** parent signature required:

I consent to examination and treatment of my child by a qualified physician and/or hospital emergency room. I also understand that neither St. John Lutheran Church/Corwith UMC, any sponsoring organization nor anyone connected with St. John Lutheran Church/Corwith UMC nor any sponsoring organization will assume any responsibility for accidents or sickness incurred by my child while at their scheduled activity. I agree to assume sole responsibility for payment of any and all medical, dental, or other expenses incurred as a result of such sickness and/or injury.

Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**Medical History and 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)

\*\*\*Please note: Our staff cannot administer any medications, prescription or non-prescription to youth. This includes over-the-counter medicines for minor headaches or pains. Youth leaders may keep medications in their possession for the youth to administer themselves.

**Physician’s Information:**

Physician’s Name:

Address: Telephone #

**Photography consent**

Circle one: St. John Lutheran Church/Corwith UMC **has / done not have** my consent to take appropriate pictures of my youth at youth events and post them, safely and unnamed, in public places such as the church building, church worship screen and church Facebook page.