

Faith Church Youth Ministries
EMERGENCY INFORMATION

Youth Name _____ Grade _____ Birthdate _____
Parent Name(s) _____
Address _____ City _____ Zip _____
Phone _____ Email(optional) _____

Facts concerning the child/youth's medical history including allergies, medications being taken, and any physical Impairments to which a physician should be alerted: _____

Emergency phone numbers, please fill in the numbers that are applicable.

Mom's Work number _____ Cell Phone number _____ Home number _____
Dad's Work number _____ Cell Phone number _____ Home number _____

People to contact in the event of an emergency, if a parent cannot be reached.

1. Neighbor/Relative _____ Phone _____
2. Neighbor/Relative _____ Phone _____
3. Neighbor/Relative _____ Phone _____

Please list any situations (personal, family, health, diet) that we should be aware of concerning your child/youth:

First Aid Medications:

The following list of over-the-counter medications is available in the St. Luke's Lutheran Church first aid kits. These are available to treat minor afflictions. The dosage is determined by the size/age of the child, and the specific direction listed on the medication. Please indicate whether or not these medications may be given to your child as needed. Reminder, you will be contacted immediately if illness develops, or emergency treatment is required.

Yes No

_____	_____	Cortisone Crème	_____	_____	Insect Repellant	_____	_____	Cough Drops
_____	_____	Neosporin	_____	_____	Solarcaine	_____	_____	Tylenol
_____	_____	Anti-fungal Cream	_____	_____	Caladryl	_____	_____	Chloraseptic lozenge
_____	_____	Liquid Bandage	_____	_____	Hydrogen Peroxide	_____	_____	Sudafed
_____	_____	Sunscreen	_____	_____	Pepto Bismol	_____	_____	Benadryl
_____	_____	Advil	_____	_____	Anti-bacterial & alcohol wipes			

EMERGENCY AUTHORIZATION (PART I or PART II MUST BE COMPLETED)

PART I

In the event reasonable attempts to contact the legal guardians from the above information have been unsuccessful, I hereby give my consent to take the above child/youth to a licensed physician or dentist or hospital and hereby give my consent and authorizations of any treatment deemed necessary by a licensed physician or dentist, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Preferred Doctor's Name _____ Phone _____
Preferred Dentist's Name _____ Phone _____
Preferred Hospital _____

Today's Date _____ Signature of Legal Guardian _____

PART II (Do not complete Part II if you complete Part I)

I do not give my consent for emergency medical treatment of my child/youth. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to _____

Today's Date _____ Signature of Legal Guardian _____

PLEASE TURN THIS PAPER OVER AND COMPLETE THE BACK SIDE, THANK YOU!

LIABILITY RELEASE

I understand all reasonable safety precautions will be taken at all times by Faith Church (Main Street, USA) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold Faith Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child/youth of this form.

Today's date _____ Signature of Legal Guardian _____

PROMOTIONAL RELEASE

I consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my child/youth may appear by Faith Church (Main Street, USA). I understand that these materials are being used for promotion of the youth ministry of Faith Lutheran Church. My consent includes but is not limited to the church's website.

I release Faith Church (Main Street, USA) from any liability connected with the use of my child/youth's picture or voice recording as a part of any promotional, recruitment, or fund raising program.

Today's date _____ Signature of Legal Guardian _____

All pictures and recordings should be accounted for and protected from use by any unauthorized person or organization.