

Medical Information and Permission Form

Good for 1 year of all Jr. High Ministry Events
(Return to Church Office- Attn: Jaime Brinkmann)

Effective dates: September 1, 2009 to September 1, 2010

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Please print in ink

Youth Name: _____ Age _____ Birthday _____

Year in school _____ Male _____ Female _____ Email _____

Address City State Zip _____

Phone _____ Youth Cell # _____

Medical insurance company _____ Policy # _____

Mother's name _____ Home# _____ Work _____ Cell _____

Father's name _____ Home# _____ Work _____ Cell _____

Emergency contact _____ Phone: Home _____ Work/cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a-
___ good swimmer ___ fair swimmer ___ non-swimmer

2. Does your child have allergies to-
___ pollens ___ medications ___ food ___ insect bites

If so, what are they? _____

3. Does your child suffer from, ever experienced, or is currently being treated for any of the following:
___ asthma ___ epilepsy /seizure disorder ___ heart trouble ___ diabetes
___ frequently upset stomach ___ physical handicap ___ frequent headaches/migraines

4. Date of last tetanus shot: _____

5. Does your child wear: ___ glasses ___ contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:
Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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7. I hereby give permission to Good Shepherd Staff and adults in charge of Good Shepherd sponsored events to administer the following drugs to my child as deemed necessary (please check)

Tylenol Aspirin Benadryl Other _____

For your information, we expect each student to conform to these rules of conduct

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

Have Fun

No possession or use of alcohol, drugs, or tobacco

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park or school grounds, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, bonfires. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church office prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by **GOOD SHEPHERD LUTHERAN CHURCH** (hereinafter the "Church") from **SEPTEMBER 2009 TO SEPTEMBER 2010.**

We understand that as parents or legal guardians we are encouraged and welcomed to participate in the youth group activities as we remain ultimately responsible for our child's behavior and safety. We give permission to Good Shepherd Staff and adults in charge of Good Shepherd sponsored events to seek medical attention for our child when needed. We agree to refrain from invoking court involvement in the resolution of any and all issues or conflicts whether personal, spiritual or legal. We agree to follow the teachings of Jesus Christ in Mathew 18:15-20 for the resolution of all conflict and injury of any type or kind. These provisions consist of (1) an initial attempt at reconciliation with the other individual(s) involved; (2) if the problem can not be resolved by going to the individual(s) involved then we will contact the Director of Youth Ministry and overseeing Board in writing; and (3) if these steps have not resulted in a successful resolution then we will proceed to the Church Council of Good Shepherd Lutheran Church through the President of the Congregation for a final resolution of the matter. We further understand and agree that we will bring our child home at our own expense when deemed necessary by the youth ministries staff member.

I do not wish for my child's picture to be used in any Good Shepherd Lutheran Church publication (website, newsletter, bulletin, etc.) Names will not be used.

Parent/guardian signature: _____ Date: _____