ELM GROVE EV. LUTHERAN CHURCH
YOUTH MINISTRY
HEALTH PERMISSION AND RELEASE FORM
Valid through May 31, 2027

PLEASE READ CAREFULLY AND FILL OUT COMPLETELY BEFORE SIGNING

Student Name_____Date of Birth____/____/____
Address_____Phone_____
City_____State_____Zip_____
Parent/Guardian Name_____ Cell Phone_____
Parent/Guardian Name_____ Cell Phone_____
Parent/Guardian Email(s) _____

Emergency contact in case we cannot contact Parent/Guardian:
Name_____Cell_____ Relation_____
Name_____Cell_____ Relation_____

Student Insurance Co._____Policy #_____
(Please attach a copy of insurance card, back and front)
Family Physician's Name_____Phone_____

Emergency & Health Information Date of last tetanus shot____/____/____
Does student have…(if "yes" please explain)
_____yes _____no Health conditions (list all)_____
_____yes _____no Medication list _____
_____yes _____no Any Limitations / Restrictions_____

Is student subject to fainting, sleep walking, or motion sickness? (if "yes" please explain)
_____yes _____no _____
_____
_____
_____

Does student have allergic or serious reactions to…(if "yes" please explain)
_____yes _____no Medication? _____
_____yes _____no Food?_____
_____yes _____no Environmental? (Bee sting, poison ivy, etc.)._____
_____yes _____no Carry an Epipen?_____

Please indicate ANYTHING else which leaders should know to avoid or help deal with your student's health.
_____
_____
_____

You have my permission to give my student any OTC medications as appropriate: _____yes
_____no **Except the following:**_____
_____
_____
_____
(All medications must be sent in its original container)

EMERGENCY PROCEDURE: IN THE EVENT OF ANY EMERGENCY, ELM GROVE EV. LUTHERAN CHURCH VOLUNTEERS & STAFF WORKERS WILL MAKE AN ASSERTIVE EFFORT TO FIRST CONTACT PARENT/GUARDIAN/DOCTOR! In case they are unable to do so, I GIVE THE FOLLOWING AUTHORIZATIONS ON BEHALF OF MY SON OR DAUGHTER;

1. With my signature, I hereby authorize First Aid by Elm Grove Ev. Lutheran staff workers.
2. With my signature, I hereby authorize emergency medical care by hospital or emergency care doctors and/or medical staff selected by Elm Grove Ev. Lutheran staff workers. This includes EMS transport, emergency medical treatment including, injection, x-ray or other diagnostic examination, anesthesia, blood transfusions, or surgery. I further agree to pay all charges for the emergency medical or hospital care or treatment.

Exceptions to any of the above:

_____

_____

_____

Permission for Swimming and Water Related Recreational Activities

_____yes _____no You have my permission to allow my son or daughter to (a) swim in a swimming pool/lake, and/or (b) participate in other water related activities such as boating/canoeing. I understand that a life guard will not be on duty during these activities.

Permission for Publishing of Student Likeness in Pictures and Video

_____yes _____no We understand that my daughter or son's likeness, selected by a staff or youth worker at Elm Grove Ev. Lutheran Church, could be published online through the Elm Grove Lutheran website and social media, or printed for bulletin boards and promotions. NO LAST NAME, HOME ADDRESS, OR PHONE NUMBERS WILL APPEAR WITH THE PICTURES. We grant permission for posting of pictures and video as described above indefinitely or until I request removal.

Release Statement

I acknowledge that there is the possibility of bodily injury whenever youth travel and participate in recreational activities. I hereby release Elm Grove Ev. Lutheran Church, its staff, youth leader(s), pastor(s), teacher(s), volunteers, and their heirs from all liability for injuries that my youth or I may receive while traveling, participating in, and returning from the activity. I further understand that by signing this document that I am releasing my rights to seek recovery from Elm Grove Ev. Lutheran Church, its staff, youth leader(s), pastor(s), teacher(s), volunteers, and their respective successors and heirs. I acknowledge that this total waiver shall operate to prevent my spouse, or my heirs from pursuing any such action arising out of an Elm Grove Ev. Lutheran Church youth ministry activity. I grant my permission to my son or daughter to participate in Elm Grove Ev. Lutheran Church youth ministry activities. To the best of my knowledge he/she is in good health and capable of extended physical activities.

By signing this form, I acknowledge that I am the parent or legal guardian of the student and have read this form, understand it, and agree with its entire content. I further agree to notify Elm Grove Ev. Lutheran Church in writing if I become aware that any of the above permissions or information about my son or daughter has changed.

Printed Name_____Signature_____Date_____

Student's Covenant for Participation

I agree to participate in the functions and activities of Elm Grove Ev. Lutheran Church, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Printed Name_____Signature_____Date_____