



St. John Youth Permission and Health Form

September 1, 2017 – August 31, 2021

Annual Review & Update (initial & date each year or complete new form if needed):

August 2018 _____ August 2019 _____ August 2020 _____ August 2021 _____

General Information

Participants Name: _____ Birthdate: ____/____/____ Grade: _____

Parent/Guardian: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Youth Cell: _____

Parent/Guardian Cell Numbers: _____

E-mail address: _____

Emergency Contact 1 Name: _____ Relationship: _____

Phone: _____

Emergency Contact 2 Name: _____ Relationship: _____

Phone: _____

Movie Permission

During the year while on the bus, at retreats, or for bible study purposes the youth have the chance to watch movies. All movies are reviewed by the youth director prior to showing. Please indicate below what ratings the participant is allowed to see by initialing.

G _____ PG _____ PG-13 _____ R (High School Only) _____

**Notice will be given with rated R movies and their purpose – (rarely done, but THE PASSION falls into this category)*

Medical Information

**Please note St. John Lutheran Church does not carry secondary insurance, therefore you are responsible for all primary coverage*

Physician's Name: _____ Phone: _____

Insurance Provider: _____ Policy No: _____

Name on Insurance: _____

Does the participant have allergies? ____ Yes ____ No

If yes, please describe allergies below:

Does the participant have special dietary needs? Yes No

If yes, please list dietary needs below:

Participants Medications: Please list ALL medications taken routinely. All prescription medications must come in their original containers with a label that identifies the prescribing physician, the name of the medication, the dosage and frequency of administration.

| Medication | Dosage | Time(s) of day taken | Reason for taking medication |
|------------|--------|----------------------|------------------------------|
| | | | |
| | | | |
| | | | |

Please check all illnesses participant has had:

Measles Chicken pox German measles Mumps Hepatitis A
 Hepatitis B Hepatitis C Mononucleosis

****Please attach a list of all current immunizations and any additional information about the participant's behavior and physical, emotional, or mental health.**

Please write yes or no on each line, and then explain all yes answers in the space provided.

Has/does the participant

| | |
|---|--|
| 1. Had a recent injury, illness, or infection? | 16. Ever had back problems? |
| 2. Have a chronic recurring illness/condition? | 17. Ever had problems with joints? |
| 3. Ever been hospitalized? | 18. Bringing an orthodontic appliance to activities? |
| 4. Ever had surgery? | 19. Have any skin problems (acne, rash, etc.)? |
| 5. Have frequent headaches? | 20. Have diabetes? |
| 6. Ever had a head injury? | 21. Have asthma? |
| 7. Ever been knocked unconscious? | 22. Had mononucleosis in the past 12 months? |
| 8. Wear glasses, contacts, or protective eyewear? | 23. Had problems with diarrhea/constipation? |
| 9. Ever had frequent ear infections? | 24. Have problems sleep walking? |
| 10. Ever passed out during or after exercise? | 25. If female, have an abnormal menstrual history? |
| 11. Ever been dizzy during or after exercise? | 26. Have a history of bed wetting? |
| 12. Ever had chest pain during or after exercise? | 27. Ever had an eating disorder? |
| 13. Ever had seizures? | 28. Ever had emotional difficulties requiring professional help? |
| 14. Ever had high blood pressure? | 29. Ever been diagnosed with a learning disability? |
| 15. Ever been diagnosed with a heart murmur? | 30. Has your child ever been homesick? |

Please explain any yes answers below, noting the # of the questions:

I agree that St. John Lutheran Church, the sponsors and the pastors, of the youth events will not be held liable for any accidents or injuries incurred by my child. This applies to any and all activities associated directly with St. John Lutheran Church, Boerne, TX:

I hereby give permission to the staff and volunteers at St. John Lutheran Church to provide routine health care, administer over the counter medications, administer prescribed medications, and seek emergency medical treatment including x-rays or tests. I agree to the release of any records necessary for insurance purposes. I give permission to the staff and volunteers at St. John Lutheran church to arrange any necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the staff or volunteers of St. John Lutheran Church to secure and administer treatment, including hospitalization, for the participant named above. I have attached a copy of my child's medical insurance card (if available) and request that this insurance be used if possible. I understand and accept all financial responsibility that may incur. I understand that if medical treatment is necessary, staff & volunteers may need to make necessary decisions for the direct care of my child, and I give permission for them to do so. Additionally, I do not hold any staff or volunteer of St. John Lutheran Church responsible for the result of any decision they may need to make in a medical situation. I give my permission for this completed for to be photocopied as necessary.

I certify that my child is completely healthy (both physically and emotionally) and capable of participating in all church activities. I have listed any medical condition that St. John Lutheran Church should be aware of which my hinder my child's participation in these activities. I further certify that this health history is correct and complete to the best of my knowledge. I am requesting that my child be allowed to participate in these activities even when certain risks and dangers may occur, except as I have noted on this form. I understand that it is solely my responsibility to determine whether there is any medical reason that my child should not participate in these activities.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Photo Release Form

I grant St. John Lutheran Church, it's representatives and employees the right to take photographs of this participant.

I agree that St. John Lutheran Church may use such photographs of the participant with or without their name and for any lawful purpose including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date: _____

Any Additional Notes or Records: