

# First Lutheran Church Health, Registration and Permission Form

One form per child

Use this form to register your child for any event with First Lutheran church from June 2009- Sept. 2010

## Student Information:

Name of student: \_\_\_\_\_ Gender \_\_\_\_\_ Grade completed by Summer 2009 \_\_\_\_\_  
 School you will attend in Fall 2009 \_\_\_\_\_ E-mail \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Date of Baptism \_\_\_\_\_ Church Baptized at \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_  
 Address of student \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 City State Zip Cell: ( ) \_\_\_\_\_

## Parent Information:

Parent/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
 City State Zip  
 Second Parent/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
 City State Zip

## In case of emergency:

If parent or guardian is not available please call: \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

## Insurance Information: (Required by hospitals)

Policy Holder Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Policy Holder's Employer \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_  
 Policy/ ID # \_\_\_\_\_ Group # \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_  
 Insurance Company Address \_\_\_\_\_  
 Street City State Zip

## General Health Questions:

Do you, or have you ever had, any of the following health problems? (Check all that apply)

Kidney trouble	Heart Trouble		
Hay Fever	Diabetes		
Seizures	Asthma		
Recent Surgery	Other		

If "yes" to any of the above, please explain:

Date of last Tetanus Vaccination:

Do you have any allergic reactions?

Penicillin	Food		
Animals	Insects		
Other			

If "yes" to any of the above, please explain:

Please indicate any medication taken:

Medication name	Dosage	Time taken
Reason:		
Medication Name	Dosage	Time Taken
Reason:		
Medication Name	Dosage	Time Taken
Reason:		

Please indicate any special needs and health concerns (dietary, health restrictions, mobility limitation, etc):



## Youth activities contract

These are the ground rules for our upcoming activities together. If they are unclear, please talk to Directors of Youth and Family Ministry before signing.

1. No drugs, alcohol, tobacco, firearms, or fireworks.
2. I will be in my room, cabin by the designated time.
3. I will attend and be on time for all departures and group meetings and activities.
4. I will respect the rights and property of others.
5. I will not participate in gambling while attending any church activity, or participate in any game that involves the exchange of money
6. I will remember this is a group representing First Lutheran Church. I will act accordingly and refrain from swearing and abusive language.
7. I realize that failure to follow these ground rules and other rules set by FLC staff or Chaperones will result in my removal from this activity. A special meeting will follow with Directors of Youth and Family Ministry, Parents, and myself. The cost involved in my return will be my responsibility.

I have read & agree to follow the above ground rules.

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

## Activities Registration:

**My child has permission to participate in the following activities from June 2009– June 2010:**

Camp Vermilion		Camping Trip	
Service Mission Trip		Road Trip	
Lock-in		Valley Fair	
T.E.C.		Paint Ball	
Leadership Team & Fish Force		Global Missions Delegations	
Confirmation (including retreat)		X-Factor	

**Please check those activities that your child does NOT have permission to participate in:**

Canoeing		Using power tools	
Horseback riding		Hiking	
Rafting / Tubing		Mountain biking	

## Permission Form

- I give my permission for my child to travel with First Lutheran Church and to participate fully in activities.
- In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give First Lutheran permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary.
- I give consent to all forms of transportation (church van, rented van, church bus, commercial bus, private cars and planes). FLC is not responsible for transportation by non-FLC persons.
- I give FLC permission to use my child's picture for publicity. No personal information will be used.

**Please check the box if you do NOT give permission**

Parent/ Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

## The following information is required by Camp Vermilion (optional for other activities):

Cabin Mate Request \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_

To help us best serve your child, please indicate if any of the following effect your child:

ADD/ADHD		Bedwetting		Frequent ear infections	
Depression		DPT shots up to date?		Headaches	
Learning Disabilities		Other Emotional concerns			

Please further explain any of the above:

It is your responsibility to notify Nancy in the church office of any changes in information (Policy changes, change in health conditions, medications, address or phone changes)