

FORM I

CHRIST LUTHERAN CHURCH

Child/Youth Registration/Permission/Medical Release Form
(Valid for one year from date of signature)

Registration

Name _____ Male _____ Female _____

Birth date ____/____/____ Age _____

Mother _____

Home Phone _____ Work Phone _____

Home Address _____

Father _____

Home Phone _____ Work Phone _____

Home Address _____

Guardian _____

Home Phone _____ Work Phone _____

Home Address _____

With whom does the child/youth reside? _____

If Parent/Guardian is not available, please call:

Name _____ Phone _____

Relationship to Child/Youth _____

Permission for Trips and Events:

My son/daughter, _____, has my permission to attend Christ Lutheran Church youth field trips and special events on or away from church property. I authorize representatives of Christ Lutheran Church to provide transportation to and from the activities and as necessary in the event of emergencies. I release and discharge Christ Lutheran Church and/or representatives involved in this activity from any liability whatsoever in exercising this permission. I will be notified ahead of time for each activity or event.

Parent's/Guardian's Signature _____

Date _____ Phone _____

First Aid Medications:

The following list of over-the-counter medications is available in the Christ Lutheran Church first aid kits. These are available to treat minor afflictions. The dosage is determined according to the size/age of 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		YES	NO		YES	NO	
___	___	Cortisone Cream	___	___	Insect Repellant	___	___	Cough Drops
___	___	Neosporin	___	___	Solarcaine	___	___	Tylenol
___	___	Anti-fungal Cream	___	___	Caladryl	___	___	Chloraseptic lozenges
___	___	Liquid Bandage	___	___	Hydrogen Peroxide	___	___	Sudafed
___	___	Anti-bacterial & alcohol wipes	___	___	Pepto Bismol Pills	___	___	Benadryl
___	___	Sunscreen	___	___	Advil			

OTHER MEDICATIONS WITH DOSAGE/SCHEDULE/REASON TO BE TAKEN WHILE ON CHRIST LUTHERAN CHURCH SANCTIONED EVENT:

**IF YOUR CHILD IS TAKING MEDICATION COMPLETE FORM II
(ALL MEDICATION MUST BE SENT IN ITS ORIGINAL CONTAINER....THANKS!)**

PERMISSION TO GIVE MEDICATION: I hereby give permission for the child/youth as previously named to receive the above treatment as indicated with aid from designated Christ Lutheran Church staff/volunteer.

Parent's/Guardian's Signature _____ Date _____

Health History

Please indicate any medical history/information necessary to best meet your child's needs:

Please list any known allergies (food, medication, insect stings, hay fever, etc.): _____

Date of last tetanus booster: _____

Any dietary restrictions: _____

Medical Release: (Part I or Part II must be completed)

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Local Hospital _____ Phone _____

In the event of an emergency after all reasonable attempts have been made to contact me first, I DO hereby give consent for (1) the administration of any treatment deemed necessary by the above-names doctor or dentist; or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child/youth to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

I hereby release and discharge Christ Lutheran Church, staff, and /or representative involved in this activity from any liability in exercising this permission.

Parent's/Guardian's Signature _____

Date _____ Phone _____

Insurance Company _____ Policy Number _____

PART II – REFUSAL TO GIVE CONSENT

In the event of a medical emergency, I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I want you to take the following action:

Parent's/Guardian's Signature _____

Date _____ Phone _____