

HOLY TRINITY LUTHERAN CHURCH YOUTH GROUP
HEALTH HISTORY & RELEASE FORM

Name of Youth _____ Date of Birth _____

Address _____ Age _____

City _____ State _____ Zip Code _____ School _____

Phone Number _____ Sex _____ Height _____ Weight _____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from youth) _____

Phone Numbers: Work _____ Cell _____ Pager _____

Alternate Contact Persons: (please provide at least two names)

Name _____ Relation to youth _____

Address _____

Phone Numbers: Work _____ Cell _____ Pager _____

Name _____ Relation to youth _____

Address _____

Phone Numbers: Work _____ Cell _____ Pager _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your youth is participating in a youth group activity.

Do you have health insurance? _____ YES _____ NO If yes, name of carrier _____

Policy Number _____ Group Number _____

Whose name is the policy under? _____

Family Doctor _____ City _____ Phone Number _____

Family Dentist _____ City _____ Phone Number _____

Preferred/Required Hospital _____

If your youth should require medical attention for injuries received or illnesses contracted prior to an activity, please send along the necessary information to give him/her proper medical care during his/her time with the youth activity. Thank you!

Health History:

Pre-existing or present medical conditions _____

Name and dosage of any medication that must be taken: *(please send ALL medication marked and in prescription bottles)*

Allergies? If so, please list _____

Check the following which apply:

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Epilepsy/Nervous Disorder

_____ Asthma _____ Physical Handicap _____ Broken Bones _____ Frequent Upset Stomachs

_____ Insect Stings _____ Any major illnesses in the past year

If any of the above is checked, please give details (i.e. include normal treatment of allergic reactions, dates of broken bones, etc.)

Date of last Tetanus Shot _____ Booster Shot _____ Does the youth wear contact lenses? Y N

Any Swimming Restrictions? Y N If yes, please explain _____

Any Activity Restrictions? Y N If yes, please explain _____

Medical and Liability Release Statement

I understand that participation in this event is not without risk to me/my child because of the group nature of the activity/event and the unpredictable behavior of any group, even when managed with the greatest amount of care.

I understand that all reasonable safety precautions will be taken at all times by Holy Trinity Lutheran Church and its agents during the events/activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Holy Trinity Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my youth.

In addition, this health history is correct, as far as I know and the person named herein has my permission to engage in all prescribed youth activities except as noted by me. I hereby give permission to the physician selected by the Youth Sponsor(s) to hospitalize, secure medical treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Signature _____ Date _____

Email Address _____

Youth Signature _____ Date _____