



Is the youth covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

Name of Insurance Company: \_\_\_\_\_

Policy # / ID#: \_\_\_\_\_

Name of Subscriber / Group #: \_\_\_\_\_

**Photocopy of front and back of health insurance card must be attached to this form.**

Name of Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

**GENERAL HEALTH INFORMATION & HISTORY**

<b>Has/does the student:</b>	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
1. Had any recent injury, illness, or infectious disease?.....	___	___	18. Use an orthodontic appliance?.....	___	___
2. Have a chronic or recurring illness or condition?	___	___	19. Have any skin problems (i.e. itching, rash, acne)?.....	___	___
3. Ever been hospitalized?.....	___	___	20. Have diabetes?.....	___	___
4. Ever had surgery?.....	___	___	21. Have asthma?.....	___	___
5. Have frequent headaches?.....	___	___	22. Had mononucleosis in the past 12 months?.....	___	___
6. Ever had a head injury?.....	___	___	23. Have frequent stomach aches or indigestion?.....	___	___
7. Ever been knocked unconscious?.....	___	___	24. Had problems with diarrhea or constipation?.....	___	___
8. Wear glasses, contacts, or protective eye wear?.....	___	___	25. Have problems with sleepwalking?.....	___	___
9. Ever had frequent ear infections?.....	___	___	26. If female, have an abnormal menstrual history?...	___	___
10. Ever passed out during or after exercise?.....	___	___	27. Ever had an eating disorder?.....	___	___
11. Ever been dizzy during or after exercise?.....	___	___	28. Ever had emotional difficulties for which professional help was sought?.....	___	___
12. Ever had chest pain during or after exercise?....	___	___	29. Have any medication allergies?.....	___	___
13. Ever had seizures?.....	___	___	30. Have any food allergies?.....	___	___
14. Ever had high blood pressure?.....	___	___	31. Have any other allergies (i.e. insect stings, hay fever, animal dander, etc.).....	___	___
15. Ever been diagnosed with a heart murmur?.....	___	___			
16. Ever had back problems?.....	___	___			
17. Ever had problems with joints (i.e. knees, ankles?.....	___	___			

**Please explain any "yes" answers, noting the number of the questions.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

**Use this space to provide any additional information about the student's behavior and physical, emotional, or mental health about which any leaders should be aware.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICATIONS

- My child takes NO medications on a routine basis.
- My child may be given pain relievers (i.e. Tylenol, Motrin, etc.) as needed.

- My child takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

*Attach additional pages for more medications or medication updates.*

## MEDICAL RELEASE & AUTHORIZATION BY PARENTS/GUARDIANS

After failed attempts to contact us (me), we (I) authorize the adult Light of the Hills Lutheran Church staff, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Light of the Hills Lutheran Church.

We (I), the undersigned, for ourselves, our heirs, executors, and administrators, understand and agree that in consideration of the participation of my child in youth ministry events and activities, hereby agree to release, discharge, and hold harmless Light of the Hills Lutheran Church, its staff, officers, and agents, from all liability and loss (including court costs and attorney fees), resulting from any property damage, personal injury and bodily injury, including death, to my child, which is caused or claimed to be caused, in whole or in part, by the negligent acts or omissions of Light of the Hills Lutheran Church, its staff, officers, and agents.

Updated for 2008-2009:

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Updated for 2009-2010:

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Updated for 2010-2011:

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PARENT / GUARDIAN CONSENT FOR PARTICIPATION

The undersigned does hereby give permission for our (my) child to attend and to participate in all events and activities sponsored by Light of the Hills Lutheran Church from September 1, 2008 – August 31, 2011.

Any changes to the information in this document recorded above must be sent in writing to the Director of Youth & Family Ministry, and will be attached to this form.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

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## YOUTH PARTICIPATION

All participants must observe the following guidelines of conduct:

1. Participate fully in all events.
2. Show respect for all property/facilities used during the event and assume financial responsibility for any damages caused by misbehavior.
3. Observe all established schedules. Be on time for activities.
4. Behave appropriately and courteously. Swearing and obscene gestures are not permitted. All participants and staff will be treated with respect and common courtesy. Christ-like behavior is expected at all times.
5. Participants are expected to dress appropriately and modestly for the activities. Clothing with alcohol, tobacco advertisements, sexual connotations, or inappropriate pictures or words is prohibited. Modesty is encouraged (i.e. low cut tops and crop tops are not appropriate).
6. No alcohol, stimulants, non-prescription drugs, or any tobacco products will be allowed. Any form of pornography will not be tolerated.
7. Participants in possession of firearms will be immediately turned over to local authorities.
8. Should it be necessary for the participant to be returned home due to not following these guidelines of conduct, the parents/guardians shall assume all transportation costs.

*“The entire law is summed up in a single command: ‘Love your neighbor as yourself.’” (Galatians 5:14)*

SIGNATURE OF YOUTH: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_