

Health Form & Permission Slip

Augustana Lutheran Church
308 E. Douglas Avenue, Fergus Falls, MN 56537, Phone/Fax:(218) 736-5308

Event/Activity: All Events from June 1, 2006 through May 31, 2007 ('06-'07 school year)

Participant's Name: _____ Male/Female: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Social Security Number: _____ Grade: _____ Age: _____

Home Phone: _____ Email: _____

Parent/Guardian(Must be same Parent/Guardian who signs below): _____

Emergency Contact Person (Other than parent): _____

Emergency Contact Phone Number(s): _____

Health Information:

Family Physician: _____ Phone Number: _____

Medications: _____

Allergies: _____ Last Tetanus Immunization: _____

Information on ANY & ALL other health concerns: _____

Health Insurance:

Health Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Emergency Release: In the event of an emergency, I hereby give permission for the staff of Augustana Lutheran and/or the Adult Chaperones to provide emergency care, seek advanced medical care, and authorize treatment as deemed necessary. In all cases parents/guardians will be notified as soon as possible.

Waiver, Release and Indemnification Agreement: I expressly assume any and all risks of injury or death arising from or relation to the Activities and waive and release any and all suits or demands of any kind or nature whatsoever against Augustana Lutheran Church, staff, volunteers or representatives arising from or relating in any way to my voluntary participation in the Activities. Participant's Signature: _____ Date: _____

If the participant is under the age of 18, a parent/guardian for the child must sign below if in agreement with the above waiver. Signature: _____ Date: _____

Parental/Guardian Permission: I give my child permission to attend Augustana Lutheran Church activities and in the event that my child's behavior is unacceptable (illegal, dangerous to self or others, etc.) I agree to pay all expenses incurred to send him/her home.

Photos: I give permission for my youth to be photographed and for those photos to be used by Augustana Lutheran. I know that I can retract this permission for photo use at any time by contacting either the Pastor or Youth Director in writing.

I have read, understood, and agreed to the information I have signed to on this form.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____