

**EMERGENCY AND HEALTH INFORMATION**

High School Graduation Year \_\_\_\_\_

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone(s) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_  
(primary coverage for youth)

Family Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Current prescribed medication(s): \_\_\_\_\_

Does youth have... (If "yes", please explain)

Yes No Asthma? \_\_\_\_\_

Yes No Allergies? \_\_\_\_\_

Yes No Heart Conditions? \_\_\_\_\_

Yes No Diabetes? \_\_\_\_\_

Yes No Sight or Hearing Impairment? \_\_\_\_\_

Yes No Contact Lenses? \_\_\_\_\_

Yes No Other? \_\_\_\_\_

Is youth subject to... (If "yes", please explain)

Yes No Fainting? \_\_\_\_\_

Yes No Sleep Walking? \_\_\_\_\_

Yes No Upset Stomach? \_\_\_\_\_

Yes No Other? \_\_\_\_\_

Does youth have reaction to... (If "yes", please explain)

Yes No Bee Sting? \_\_\_\_\_

Yes No Penicillin? \_\_\_\_\_

Yes No Other Drugs? \_\_\_\_\_

Yes No Poison Ivy/Oak/Sumac? \_\_\_\_\_

Yes No Other? \_\_\_\_\_

Has the youth had any serious illness or injury within the past ten years? Yes No

Does the youth have any condition which would prevent him/her from participation in any activities? Yes No

Please describe activities: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please indicate anything else which leaders should know to help avoid or deal with any situation that might arise:

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

St John Lutheran Church  
Palmer, Alaska 99645  
907.745.3338

**YOUTH GROUP PERMISSION FORM & AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE**

High School Graduation Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Phone(s) \_\_\_\_\_ Work Phone(s) \_\_\_\_\_ Cell Phone(s) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

(I) (We), the undersigned parent(s) and/or legal guardian of \_\_\_\_\_ give permission for (him) (her) to attend youth activities of St John Lutheran Church, Palmer, Alaska.

(I) (We) further authorize the adults accompanying the youth activity, in the case that we cannot be contacted by phone, to:

- i. consent to medical, surgical and dental care for such minor child;
- ii. consent to any diagnostic testing, medical, surgical, or dental procedure, or other treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child; and,
- iii. on (my) (our) behalf, to:
  - a. employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child;
  - b. admit such minor child to any hospital, clinic, emergency room, laboratory or other diagnostic facility for examination, treatment, surgery or care; and,
  - c. sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required is given to provide authority to obtain such care if it should be required.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date