

*****FRIEND HEALTH/PERMISSION/INFORMATION FORM*****

**Our Savior Lutheran Church
1910 Black Road
Joliet, IL 60436**

I grant permission for (Name) _____ to participate in
Our Savior Lutheran Church's Youth activity _____ with
(friend's name) _____ on date(s) _____.

** I, hereby give my permission to the adult leadership in above said activity to act on my behalf in case of an emergency. I, hereby give my permission to the licensed physician selected by the activity leadership, to order and/or administer proper treatment and medical care, routine tests, X-rays, anesthesia, injections, surgery, and/or secure hospitalization for my child named on this form and to release necessary medical information for insurance purposes. In the event of an emergency, activity leadership will make every effort to reach the parents as soon as possible.

Signature of Parent/Guardian: _____ Date: _____

Youth's Name _____ Nickname: _____

Date of Birth _____ Age: _____ Gender: _____

Street address: _____

City, State, Zip Code: _____

Home Phone# _____

***Parent Contact Information:** Provide contact information for at least 3 people who know your child that we may contact. We will make every effort to reach the parents first.

Dad's Name: _____ Mom's Name: _____

Dad Cell #: _____ Mom Cell #: _____

Dad Daytime #: _____ Mom Daytime #: _____

Alternative #1: _____ Alternative #2: _____

Daytime #: _____ Daytime #: _____

Evening #: _____ Evening #: _____

Cell #: _____ Cell #: _____

***Insurance Information:**

Primary Youth Health/Accident Insurance Company _____

Policy # _____ Group # _____

Secondary Health/Accident Insurance Company _____

Policy # _____ Group # _____

***Health Care Provider Information:**

Name of child's physician: _____

Clinic name and city: _____ Phone #: _____

Name of child's dentist/orthodontist: _____

Clinic name and city: _____ Phone #: _____

Name of (other) physician: _____

Clinic name and city: _____ Phone #: _____

Activity leadership is authorized to perform **Basic First Aid/CPR as deemed necessary.

PLEASE LIST EXCEPTIONS or SPECIFIC REQUESTS: _____

Parent/Guardian Signature _____ Date: _____

**Please attach on a separate piece of paper any pertinent health/medication information that Youth leaders chaperoning the above mentioned event my need to know in case of an emergency. After the above mentioned event the information provided will be given back to your child.

****THIS HEALTH HISTORY IS CORRECT SO FAR AS I KNOW.**

Parent/Guardian Signature _____ Date: _____