

Word of Peace Youth Ministry

Health and Information Form



***This form must be filled out and given to the Youth Ministry Office annually**

GENERAL INFORMATION:

Youth Information:

Youth Name _____ Birthdate: ____/____/____

Youth Cell Phone Number (if applicable, needed for safety purposes): () -

Parent/Guardian Information:

Parent/Guardian Name: _____ Primary Phone Number: () -

Home Address: _____

City: _____ State: _____ Zip Code: _____

Alternative Phone Number: () - E-mail Address: _____@_____

MEDIA RELEASE PERMISSION:

Word of Peace Lutheran Church does not profit from the use of any photographs, audio, and/ or video and will only use such material to show how we practice God's faith. Word of Peace will never post personal information such as last names or addresses of anyone. By signing this, you grant Word of Peace Lutheran Church to take, modify, and publish pictures, audio, and/or video of your minor child in connection with Word of Peace events and activities. You also agree that Word of Peace Lutheran Church may use pictures, audio, and/or video of your minor child with or without names and for any lawful purpose, including such purposes as publicity, illustration, advertising, and website/social media content created by Word of Peace Lutheran Church.

I, _____ (Printed First and Last Name) agree to the above statement and grant permission for Word of Peace Lutheran Church to take, modify, use, and publish photographs, audio, and video of my minor child.

Parent/Guardian Signature: _____ Date: ____/____/____

HEALTH INFORMATION:

Is your child in good physical condition, meaning that they have not had any serious illnesses or operations since their last health examination? ___ Yes ___ No

If no, please list recent illnesses:

HEALTH INFORMATION CONTINUED:

Allergies: _____ Dietary Restrictions: _____

Medications: _____ Special Concerns: _____

Insurance Company: _____ Insurance Policy Number: _____

Physician's Name: _____ Clinic: _____

Clinic Location: _____ Clinic Phone Number: () - -

EMERGENCY CONTACT:

In case of emergency, during the event I may be contacted at this Phone Number: () - - -

If I am unable to be reached, the following person may act on my behalf _____

Relationship to Participant: _____ Emergency Contact's Phone Number: () - -

PARENT/ GUARDIAN SIGNATURE:

I certify that the above information is correct. I understand that should any of the above information change, it is my responsibility to make Word of Peace aware of the changes.

Parent/Guardian Signature: _____ Date: ____/____/____