

Please print in ink

Student Info:

Name of youth: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Do you text? (YES) (NO)

Email Address: _____

Grade: _____ Name of school: _____

Parent/Guardian #1 Info:

Name: _____

Home/Cell Phone: _____ Do you text? (YES) (NO)

Work Phone: _____ Email Address: _____

Parent/Guardian #2 Info:

Name: _____

Home/Cell Phone: _____ Do you text? (YES) (NO)

Work Phone: _____ Email Address: _____

Emergency Contact if parents/guardians can't be reached:

Name: _____ Relationship: _____

Home/Cell Phone: _____ Do you text? (YES) (NO) Work Phone: _____

Check the following areas of concern for this student. If necessary, use the back of this sheet for details/explanation.

1. Does your child have allergies to:
 - pollens
 - medications
 - food
 - insect bites

2. Does your child suffer from, or has ever experienced, or is currently being treated for any of the following:
 - asthma
 - epilepsy/seizure disorder
 - heart trouble

3. Date of last tetanus shot: _____

4. Does your child wear:
 - glasses
 - contact lenses

Please list and explain any major illnesses the child experienced during the last year:

Should this child's activities be restricted for any reason? Please explain (*continue on back if more space is needed*):

_____ has my permission to attend all Lockwood Youth Group activities during August 2022 to August 2023. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. There are to be no tobacco, drugs, or alcohol purchased or brought on any trip. I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____