EPIPHANY YOUTH GROUP
MEDICAL INFORMATION FORM

Name _____ Age _____ Birth Date _____

Current Date _____

Home Address_____
City State Zip Code

Male ___ Female ___ Blood Type _____ Date of last tetanus shot _____

Describe any treatment you are receiving for any current illness or condition

_____
_____
_____

Describe any allergies (e.g.: insect stings, food, medication, etc.)

_____
_____
_____

Describe any chronic illnesses you have such as asthma, diabetes, seizures, etc. and how these are being treated

_____
_____
_____

Describe any medications you are currently taking

_____
_____

Describe any current or past injuries that create any limitations and explain the limitations

_____
_____
_____

Describe any past injury or sickness related to cold or hot weather

_____
_____
_____

Describe any history of heart / circulatory, respiratory, or neurological problems

_____
_____
_____

Do you wear glasses or contact lenses? _____

How well can you swim? _____

WHOM TO CONTACT IN CASE OF AN EMERGENCY

Name _____ Relationship_____

Home Telephone # _____ Work # _____

Address_____

Doctor's Name _____ Dr.'s phone # _____

Medical Insurance Carrier _____ Policy # _____

(It would be helpful for you to attach a photocopy of your insurance card)

PERMISSION TO TREAT

I give permission for 1) adult leader, of Epiphany Evangelical Lutheran Church or other similarly situated organizations to administer first-aid to me in the event that I am unconscious or otherwise unable to give consent; and/or 2) medical personnel to treat me in the event that I am unconscious or otherwise unable to give consent.

_____ _____
(Printed name)

_____ _____/_____/_____
(Signature) (Date)

_____ _____
(Printed name of Guardian if participant under 18 years old)

_____ _____/_____/_____
(Signature of Guardian) (Date)

Transportation Permission Form

Youth's Name _____

Birth Date _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

I hereby grant permission for my youth to travel, in automobile or other mode of transportation, with the staff, members and adult volunteers associated with Epiphany Evangelical Lutheran Church and its programs. I understand that there is a risk associated with any transportation. By my signature, I acknowledge that risk and hereby release and discharge Epiphany Evangelical Lutheran Church, its staff, members or any other adult volunteer from any and all liability for any and all claims, demands or damages that may become associated with such transportation.

_____ _____/_____/_____

Signature (of Parent or Guardian, if under the age of 18) (Date)

Permission to use Photos, Likeness, etc.

By my signature below, and that of my parent or guardian should I be below the age of 18, I hereby give permission to Epiphany Evangelical Lutheran Church, its staff, members and adult volunteers to take and use photographs, digital recordings of any kind, video tape, recordings or other such media of me or my likeness for illustration, promotion, advertising or for any other purpose whatsoever and to use my name in connection therewith if Epiphany Evangelical Lutheran Church, its staff, members and adult volunteers so choose. I hereby release and discharge Epiphany Evangelical Lutheran Church, its staff, members and adult volunteers from any and all liability for any and all claims, demands or damages arising out of the use of said photographs, digital recordings, video tape, recordings or other such media.

_____ _____/_____/_____

(Signature) (Date)

_____

(Name of Parent of Guardian if under the age of 18)

_____ _____/_____/_____

(Signature of Parent of Guardian if under the age of 18) (Date)