



# Health and Permission Form

September 2019 – August 2020

*This form must accompany any child/youth registration(s) for any event for the 2016-2017 academic year.*

## PARENT INFORMATION (please print)

Please \_\_\_\_\_  
check \_\_\_\_\_  
which \_\_\_\_\_  
address \_\_\_\_\_  
you'd \_\_\_\_\_  
like \_\_\_\_\_  
mailings \_\_\_\_\_  
sent to: \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail(s) \_\_\_\_\_

**Second Parent/Guardian Name** \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail(s) \_\_\_\_\_

## CHILD(REN) INFORMATION (please print)

**NAME OF CHILD:** \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Cell Phone \_\_\_\_\_ Texting OK? YES NO E-mail \_\_\_\_\_

Do you have any of the following? Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_

If yes to any, please explain: \_\_\_\_\_

Do you have allergic reactions to the following? Penicillin \_\_\_\_\_ Animals \_\_\_\_\_ Food \_\_\_\_\_ Insect Stings \_\_\_\_\_

If yes to any, please explain: \_\_\_\_\_

Immunizations up to date? YES NO Other important info we should know: \_\_\_\_\_

Please list current medications: \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Cell Phone \_\_\_\_\_ Texting OK? YES NO E-mail \_\_\_\_\_

Do you have any of the following? Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_

If yes to any, please explain: \_\_\_\_\_

Do you have allergic reactions to the following? Penicillin \_\_\_\_\_ Animals \_\_\_\_\_ Food \_\_\_\_\_ Insect Stings \_\_\_\_\_

If yes to any, please explain: \_\_\_\_\_

Immunizations up to date? YES NO Other important info we should know: \_\_\_\_\_

Please list current medications: \_\_\_\_\_

**NAME OF CHILD:** \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_ Date of Baptism \_\_\_\_\_

Cell Phone \_\_\_\_\_ Texting OK? YES NO E-mail \_\_\_\_\_

Do you have any of the following? Seizures \_\_\_\_\_ Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ ADD/ADHD \_\_\_\_\_

If yes to any, please explain: \_\_\_\_\_

Do you have allergic reactions to the following? Penicillin \_\_\_\_\_ Animals \_\_\_\_\_ Food \_\_\_\_\_ Insect Stings \_\_\_\_\_

If yes to any, please explain: \_\_\_\_\_

Immunizations up to date? YES NO Other important info we should know: \_\_\_\_\_

Please list current medications: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

If a parent or guardian is not available, please call: \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

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

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

**INSURANCE INFORMATION (required by hospitals):**

Policy Holder Name \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy/ID Number \_\_\_\_\_

**PARENT/GUARDIAN CONSENT:**

I am the parent or legal guardian of the child(ren) listed on this form, and I am informed of the activities offered by Lord of Life Church. As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all activities provided by Lord of Life Church.

- I give permission for my child(ren) to participate fully in all activities sponsored by Lord of Life Church.
- In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Lord of Life Church permission to act in my behalf in seeking emergency treatment for my child(ren) in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child(ren).
- I give consent to all forms of transportation (personal vehicles, rented vehicles, commercial busses). Lord of Life Church is not responsible for transportation by non-Lord of Life staff.
- I give Lord of Life Church permission to use my child(ren)'s picture for publicity. No personal information will be used. Please check the box if you do NOT give permission to use pictures for publicity.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**It is your responsibility to notify Lord of Life's office or CYF staff of any changes in information** (including, but not limited to: address, phone number(s), policy changes, change of health conditions, medications, etc).

**CHILDREN and YOUTH COVENANT – for Students in grades 1 – 12**

These are the ground rules for all activities that I participate in with Lord of Life Church. If they are unclear, please talk to a Pastor or a member of the Children, Youth and Family Ministry staff before signing.

1. No drugs, alcohol, tobacco, firearms, weapons of any kind or fireworks.
2. I will be in my room/cabin/vehicle by the designated time.
3. I will attend and be on time for all departures and group meetings and activities.
4. I will respect the rights and property of others.
5. I will remember this is a group representing Lord of Life Church. I will act accordingly and refrain from swearing, using abusive or vulgar language, and/or wearing inappropriate clothing.
6. I realize that failure to follow these ground rules will result in my removal from activities. A special meeting will follow with a Pastor or a member of the Children, Youth and Family Ministry staff, parents and myself. If financial costs are incurred because of my behavior it is my responsibility to pay it.

I have read and agree to follow the above ground rules.

I have talked with my child(ren) about the above ground rules.

**Student Signature(s)**

**Parent/Guardian Signature(s)**

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

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