

Peace Lutheran Church, Gaylord MI

Youth Permission and Health Form

I hereby give my consent for _____ to participate in the youth and confirmation activities at Peace Lutheran Church.

I understand that these activities may happen online, over social media, or in person, and that zoom events and lessons may be recorded and sent to other participants for makeup work. _____ (initial here)

I understand that these events may happen in person and include overnights, and events that take place away from the church. I understand that transportation will be by bus, van, or the car of an adult supervisory personnel. _____ (initial here)

I give my permission for pictures of my child to be posted on the Peace Lutheran's Facebook, YouTube, Church website, or Newsletter. _____ (initial if you agree to publication of photos)

Should it be necessary for my child to have medical treatment while participating in these events, I hereby give the church personnel permission to use their judgment in obtaining medical service for my child. This includes first aid onsite and the distribution of pre approved medication if needed. I also give permission to the physician selected by the church to render medical treatment deemed necessary & appropriate by the physician. _____ (initial here)

I agree that in the event my child is injured as a result of his or her participating in these events, including transportation, through the negligence (active or passive) of the church, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be made against any accident, hospital, or medical insurance, or any available benefit plan of mine. _____ (initial here)

Parent / Guardian Name(s): _____ Date: _____

Emergency / Medical Information

Youth's Name [Click here to enter text.](#) Date of Birth: [Click here to enter text.](#)

Parent /Guardian Name(s): [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Youth Email Address: [Click or tap here to enter text.](#)

Parent Email Address(es): [Click here to enter text.](#)

Telephone Numbers:

Youth's Cell: [Click or tap here to enter text.](#)

Home: [Click here to enter text.](#)

Work: [Click here to enter text.](#)

Cell/Other: [Click here to enter text.](#)

Emergency Contact Name: [Click here to enter text.](#)

Telephone Number(s): [Click here to enter text.](#)

Physician Name: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)

Insurance Company: [Click here to enter text.](#)

ID Number: [Click here to enter text.](#) Group Number: [Click here to enter text.](#)

Current Medications: [Click here to enter text.](#)

Date of last tetanus shot: [Click here to enter text.](#)

Medication allergies: [Click here to enter text.](#)

Chronic Health Conditions: [Click here to enter text.](#)

Special Health or dietary Concerns: [Click here to enter text.](#)

I hereby give permission for adults leading Youth Activities and Events at Peace Lutheran Church to give my child the following medications if requested by my child and use the following first aid products on them.

YES	NO	MEDICATION	CONDITION
<input type="checkbox"/>	<input type="checkbox"/>	Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin)	Relief of minor headache or fever
<input type="checkbox"/>	<input type="checkbox"/>	Benadryl	Allergic Reactions
<input type="checkbox"/>	<input type="checkbox"/>	Chloraseptic Spray/Throat Lozenges	Sore Throat
<input type="checkbox"/>	<input type="checkbox"/>	Sudafed	Relieve Congestion
<input type="checkbox"/>	<input type="checkbox"/>	Antihistamine	Relieve Congestion
<input type="checkbox"/>	<input type="checkbox"/>	Hydrogen Peroxide	Clean Abrasions/Cuts
<input type="checkbox"/>	<input type="checkbox"/>	Betadine/PhisoHex	Clean Abrasions/Cuts
<input type="checkbox"/>	<input type="checkbox"/>	Neosporin	Treat Abrasions/Cuts
<input type="checkbox"/>	<input type="checkbox"/>	Sunscreen/Aloe	Prevent/Treat Sunburn
<input type="checkbox"/>	<input type="checkbox"/>	Caladryl/Hydrocortisone Cream	Poison Ivy/Bites
<input type="checkbox"/>	<input type="checkbox"/>	Dramamine	Motion Sickness
<input type="checkbox"/>	<input type="checkbox"/>	Rhuligel/Calamine	Bee Sting
<input type="checkbox"/>	<input type="checkbox"/>	Pepto-Bismol	Stomach Aches
<input type="checkbox"/>	<input type="checkbox"/>	Tums/Anti-Acid Medication	Heartburn/Indigestion

Parent Signature:

X

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Date: [Click here to enter text.](#)

Behavior Guidelines and Expectations

I understand that participation in youth events at Peace Lutheran Church is a privilege and that there are expectations about behavior that all participants are expected to uphold. These expectations allow us to provide a safe environment for all participants. Failure to meet these expectations may result in a participant being asked to leave an event. These expectations include but are not limited to:

- No use of illegal drugs, drinking, smoking or vaping by youth at church events.
- No use of illegal drugs at all, and no drinking, smoking or vaping around youth by adult leaders.
- Participation in all group activities.
- Following instructions for curfews and lights out.
- No sexual misconduct- (defined as exposure, touching or inappropriate reference to body areas normally covered by undergarments or bathing suits).
- Following all state and federal laws.
- Being respectful of the property, personal items, and personal space of others participating in the event.
- Being respectful of Church property or the property of a place we are visiting.
- Not recording or posting online events without permission.
- Not posting videos or photos of other youth or adult leaders without permission.
- Dress in an appropriate manner.
- Use behavior that will NOT endanger yourself or others.

Parent Signature:

X

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Date: [Click here to enter text.](#)

(updated 8/9/2021)