

Student Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female / Grade in School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

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

Please explain: \_\_\_\_\_

2. Does your child suffer from, or has ever experienced, or is being treated currently for:

asthma  diabetes  epilepsy / seizure disorder  heart trouble  physical handicap

3. List medications currently being used: \_\_\_\_\_

**Additional comments:**

### CONSENT FORM

Good for all events of

“the Answer”

From Sept. 2010 - Aug 2011

\_\_\_\_\_  
(Child Name)

has my permission to attend youth activities sponsored by Hope Lutheran Church—Fresno, CA (the “Church”) during the dates set forth above. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability related to any injury to said child. I have legal custody of the child named above, a minor, and have given my consent for him/her to attend events organized by the Church. I understand that there are inherent risks involved in any ministry, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child’s involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by a Church staff member.  YES  NO

I give permission to include my child in any videos and/or photographs taken during the course of my child’s involvement.  YES  NO

I have been made aware of the church’s “Policy on Communications and Media in Ministry” and a copy of this policy has been made available to me.  YES  NO

\_\_\_\_\_  
Parent/Guardian PRINTED Name

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

\_\_\_\_\_  
Date Signed



### Hope Lutheran Church

364 E Barstow Fresno, CA 93710  
Office: 559-439-4320 Fax: 559-431-4182