

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 and programs
of Hope Lutheran's Ministry for Children and Youth
From August 2011—August 2012**

(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

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