

# FAITH LUTHERAN YOUTH GROUP

## GENERAL WAIVER 2017-2018



Participant's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Student's Cell: \_\_\_\_\_ Student's Grade: \_\_\_\_\_

Student's Snapchat & Instagram Accounts (if applicable): \_\_\_\_\_

Parent (s) Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Holder's Birth Date: \_\_\_\_\_

Allergies? \_\_\_\_\_ Medications? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorization to Consent to Medical & Dental Treatment Health Care Information Form & General Attendance

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult chaperones and leaders to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Further, as parent or guardian of the minor named above, I do hereby expressly consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of notifying me, and do further agree to hold blameless any physician, hospital or medical center for rendering such services.

### General Permission Slip

I hereby give permission for my son/daughter to participate in any Youth Events hosted by Faith Lutheran Church from August 2017 – August 2018. I also understand that I will pick my child within 30 min. of the conclusion of any event & communicate to the leader if there are any transportation issues.

Parents Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Picture Consent (Circle One): I **DO** or **DO NOT** consent for pictures of my child to be used for church publications and/or posted on social media.

\* OTC Med Consent (Circle One): I **DO** or **DO NOT** consent for Over-the-Counter Medications to be administered to my child during youth events at the discretion of the youth leader (i.e. Advil, Tums, Tylenol, Benadryl, Aspirin...)

Comments: \_\_\_\_\_