

**2019-20 Salem Lutheran Church  
Youth Activity Consent and Health Information Form**

**Check all that apply:**

Sunday School       Choir       Youth Group       Confirmation  
 VBS                       Puppet Praise       Nursery       Other

Student 1 Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student 2 Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student 3 Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student 1 Birthdate \_\_\_\_\_ Baptized Y N Date \_\_\_\_\_ Place \_\_\_\_\_

Student 2 Birthdate \_\_\_\_\_ Baptized Y N Date \_\_\_\_\_ Place \_\_\_\_\_

Student 3 Birthdate \_\_\_\_\_ Baptized Y N Date \_\_\_\_\_ Place \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Salem Member \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

E-mail \_\_\_\_\_ What is the best way to contact you? Text E-mail Phone *(circle one)*

**Parent/Guardian Name** \_\_\_\_\_ Salem Member \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

E-mail \_\_\_\_\_ What is the best way to contact you? Text E-mail Phone *(circle one)*

**Additional addresses for mailing or emailing to non-custodial parent/guardian:**

\_\_\_\_\_

**Specific information that would assist us in working with your child:**

Student 1 \_\_\_\_\_

Student 2 \_\_\_\_\_

Student 3 \_\_\_\_\_

**Siblings (not listed on this form) - Name and Age:**

\_\_\_\_\_

**I can help Sunday School / Choir / Confirmation with: *(Check all that apply)***

Donate Supplies       Food for Special Occasions       Prayer Support  
 Christmas Program help       Extra Helping Hands       Spring Musical help  
 Party help       Chaperone retreat       Confirmation Small Group Leader  
 Last Day Help

**Additional Student Information:**

Has your son/daughter received Pre-Communion Instruction? Student 1 Y N Student 2 Y N Student 3 Y N

Whom does student live with? \_\_\_\_\_

What school does student attend? \_\_\_\_\_

**Does Salem Lutheran Church staff have permission to contact your child via electronic communication?**

**YES NO (circle one)**

**Does Salem Lutheran Church have permission for your child's name and/or photograph to appear in church written, video, and online publicity? YES NO (circle one)**

**Names and numbers of people who have your permission to pick the above student(s) up from Church activities.**

1. \_\_\_\_\_

2. \_\_\_\_\_

**I grant permission for my child/ children to participate in the Salem activities marked above.**

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

Name/ Names of Participant(s) \_\_\_\_\_

**Does the participant have any health conditions (i.e., allergies, chronic conditions, food allergies, etc.) that we should be aware of prior to medical treatment or offering snacks? NO YES If yes please explain, include any medications:**

Student 1: \_\_\_\_\_

Student 2: \_\_\_\_\_

Student 3: \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Health/Accident Insurance Carrier and Policy Number (Optional) \_\_\_\_\_

**Since the law requires that parental permission be obtained for most medical procedures on minors, I wish to give permission for medical staff to perform such diagnostic, therapeutic, and surgical procedures as they deem necessary for the above minor. I understand that my consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No surgical procedures will be performed, except in extreme circumstances, without parents or guardians being contacted and fully informed and their verbal consent obtained.**

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_