

**2021-22 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 _____