Name: ____________________

Youth Medical Form & Emergency Contact Information

For the year: __________

Child's Information

Grade: ________ Gender: M / F Age: ______ DOB: __________ Cell Phone: ______________

Email Address: ______________________________ Facebook: ______________

Medical/Health Insurance Provider: ______________________________

Provider Address: ______________________________

Provider Phone: ______________________________

Policy Number: ______________________________

Policy Holder: ______________________________

Insurance holder: ______________________________

Physician: ______________________________

Office Phone: ______________________________

Dentist: ______________________________

Office Phone: ______________________________

Check all that apply:

- ☐ Glasses/Contact Lenses
- ☐ Asthma Inhaler: Y / N
- ☐ Epilepsy/Seizure Disorder
- ☐ Diabetes
- ☐ Heart Problems
- ☐ Stomach Problems
- ☐ Physical Handicaps
- ☐ High Blood Pressure
- ☐ Frequent Nosebleeds

Father's Information

Name: ______________________ DOB: ______________________

Address: ______________________________

Home Phone: ______________________ Cell Phone: ______________________

Work Place: ______________________ Work Phone: ______________________

Email Address: ______________________________

Mother's Information

Name: ______________________ DOB: ______________________

Address: ______________________________

Home Phone: ______________________ Cell Phone: ______________________

Work Place: ______________________ Work Phone: ______________________

Email Address: ______________________________

Emergency Contact:

Name: ______________________ Relationship: ______________________

Home Phone: ______________________ Cell Phone: ______________________

Work Place: ______________________ Work Phone: ______________________

Allergies to

Medications: ______________________________

Foods: ______________________________

Environmental: ______________________________

Other: ______________________________

Name: ______________________

Name: ______________________________

Medical History

Date of Last Tetanus Shot: ______________________________

Are you currently taking any prescription medications? Y / N
Please list, with explanation and dosage: ______________________________

____

____

____

Have you had any major illnesses or injuries in the past year? Y / N Please List / Explain:

____

____

____

Did any of these result in hospitalization? Y / N Please List / Explain:

____

____

Any medical conditions that impact participating in events / activities? Y / N Please List / Explain:

____

____

____

Consent for Treatment and Liability Release

This consent form gives permission to seek any medical treatment deemed necessary and releases Our Savior Lutheran Church (OSLC), any OSLC volunteer workers and its staff of any liability against personal injury and losses of named participant.

I, the undersigned, understand that there are inherent risks involved in any ministry and I hereby release Our Savior Lutheran Church, its staff, and volunteers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require medical attention, I consent to any reasonable medical treatment as deemed necessary by a licensed medical professional. In the event medical treatment is required as designated by Our Savior Lutheran Church, I agree to hold such person free and harmless of any claims, demands, or suits for damage arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be covered by the health insurance provider. Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of my knowledge, still be in force.

Parent/Guardian Signature: ______________________________ Date: ______________

Participant Signature: ______________________________ Date: ______________

Or email as an attachment to: pd@oslcnow.com