

# Children's Ministry

Effective dates: September 1, 2009 to September 1, 2010

Please print in ink

Youth Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
FIRST MIDDLE LAST

Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Youth Cell # \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work/cell \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—  
 good swimmer     fair swimmer     non-swimmer
- Does your child have allergies to—  
 pollens     medications     food     insect bites  
If so, what? \_\_\_\_\_
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma     epilepsy / seizure disorder     heart trouble     diabetes  
 frequently upset stomach     physical handicap     frequent headaches/migraines
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear:     glasses     contact lenses
- Please list and explain any major illnesses the child experienced during the last year:

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Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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7. I hereby give permission to St. Peter Staff and adults in charge of St. Peter sponsored events to administer the following drugs to my child as deemed necessary (please check)

Tylenol                       Aspirin                       Other \_\_\_\_\_

**For your information, we expect each student to conform to these rules of conduct**

- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Have Fun
- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park or grove, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, bonfires. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Sherry Bolosan, DCE, prior to that event.*

has my permission to attend all youth activities

NAME OF STUDENT

sponsored by **ST. PETER LUTHERAN CHURCH** (hereinafter the "Church") from **SEPTEMBER 2009 TO SEPTEMBER 2010**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we 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/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named

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above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

*I do not wish for my child's picture to be used in any St. Peter Lutheran Church publication (website, newsletter, bulletin, etc.) Names will not be used.*

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_