

Details below may be shared with church staff & members, or medical personnel. Phones and emails may receive updates for youth events.

Basic Information

Youth Full Name _____ Birthday _____
School _____ Grade _____ Adult Tee Size _____
Extracurriculars _____ Cell _____
Mailing Address _____

Primary contact/sponsor for this child is: ☐ mom ☐ dad ☐ grandparent ☐ other _____

Name _____ Cell _____

Email _____ Job/Skillset _____

Secondary contact/sponsor for this child is: ☐ mom ☐ dad ☐ grandparent ☐ other _____

Name _____ Cell _____

Email _____ Job/Skillset _____

Medical Information

1. Please list any allergies or intolerances to:
☐ medications describe _____
☐ food describe _____
☐ other describe _____
2. Please describe any medical conditions or special needs. List regular medications taken and when/how to administer (use reverse side if needed).

Permissions

The above-named youth (hereinafter the "Youth") has my permission to attend all activities sponsored by First English Evangelical Lutheran Church (hereinafter the "Church") from now through September 30, 2026.

_____ (initial) I grant permission for all videos and photos of the Youth, produced and gathered by the Church, to be used for Church-related media and publicity.

_____ (initial) I grant permission for the Youth to ride in vehicles driven by (check all permissible):

☐ staff persons (Pastor Sean, Renata, etc.) ☐ parent volunteers ☐ young adult volunteers (18+)

_____ (initial) I grant permission for the Church to administer acetaminophen or ibuprofen to the Youth, if needed.

This form grants the Church permission to seek emergency medical attention for the Youth and releases the Church, its staff and volunteers of any liability against personal losses of the Youth. If the Youth is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I acknowledge that I will be ultimately responsible for the cost of any medical care, should the cost of that medical care not be reimbursed by my health insurance provider. I agree to retrieve the Youth at my own expense if deemed necessary by the Church.

Parent/Guardian signature _____ Date: _____