



Messiah Lutheran Church

Evangelical Lutheran Church in America

Child & Youth Registration Form

This form is to be updated at the beginning of each program year. It will be securely filed in the church office, be provided to relevant Sunday program staff and volunteers and will accompany leaders when traveling offsite. Please be sure information is as accurate as possible. **Parents or guardians are responsible for updating this information if it changes throughout the program year (i.e. changes to allergies, medical history, emergency contact information).**

Youth's Name: _____ Age: _____ Birth Date: _____ Grade: _____

Parent/ Guardian Name: _____ Phone: _____

Address: _____ Zip: _____

Email Address: _____

Please list, in order, two persons that we can contact in the event of an emergency. We will call the first person listed first and continue down the list until we have made contact.

Name/relation to youth: _____ Phone: _____

Name/relation to youth: _____ Phone: _____

Youth's Physician: _____ Phone: _____

Youth's Insurance Company: _____

A copy of your youth's insurance card (front and back) must accompany this form to be complete!

Past Medical History

Asthma: _____ Sinusitis: _____ Kidney: _____ Heart: _____ Diabetes: _____ Seizures: _____ GI: _____

If you checked asthma, please indicate triggers: _____

If you checked asthma, will your youth carry an inhaler? Yes: _____ No: _____

If you checked any of the others above, please explain below.

Is your child allergic to any of the following items?

Foods: _____

Medications: _____

Insects: _____ Poison Ivy, Oak or Sumac: _____

If you checked any of the above, please indicate type of allergic reaction.

Does your youth carry an epi-pen? Yes: _____ No: _____

Past surgeries or serious illnesses (please list): _____

History of Childhood Diseases (check all applicable): Chicken Pox _____ Measles _____ Mumps _____

Whooping Cough _____ Date of last Tetanus shot or booster: _____

Is there anything else you would like for us to be aware of relative to your youth's health or past medical history?

Permission to Treat

Please check the over-the-counter medications that are acceptable for your child to take if she or he requests or as needed:

Ibuprofen (Advil/Motrin/or generic) _____ Acetaminophen (Tylenol or generic) _____

Benadryl _____ Pepto Bismol _____ Tums _____

Antihistamines for seasonal allergies (Zyrtec, Claritin, Allegra or generic equivalents) _____

The undersigned, as parent/legal guardian of the above named youth, authorizes the Evangelical Lutheran Church of the Messiah (hereafter Messiah Lutheran Church) staff and/or volunteers and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history to the emergency room, hospital or doctor's office providing care. Messiah will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases Messiah and its staff and/or volunteers from any liability and claims arising from any consent given in good faith and in connections with diagnosis or treatment.

Photo Release & Waiver

The undersigned, as parent/legal guardian of the above named youth, authorize Messiah Lutheran Church and its staff and/or volunteers to utilize appropriate photographic and/or video images of my child and understand neither I nor my child will receive compensation, should any photograph and/or video of my child be published. The undersigned, as parent/legal guardian of the above named youth, hereby release, forever discharge and agree to hold harmless Messiah Lutheran Church, its staff and/or volunteers from and against any and all kind of liability, claims, demands, lawsuits, and expense of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or by virtue of my child's participation in Sunday School and other programming at Messiah Lutheran Church. I, the undersigned, certifies that I have full authority to sign this Permission to Retreat, Photo Release and Waiver.

Parent/ Guardian Printed Name

Parent/ Guardian Signature

Date

This form was subsequently reviewed in the following program years (please provide date and initials):

Year/ Initial

Year/ Initial

Year/ Initial

Year/ Initial

Year/ Initial