

Youth 2021-2022 Mt. Olive Permission/Medical Form

Please PRINT in DARK INK.
Do not leave anything blank!

We cannot assume that a blank space means none.
If your answer is none, please write none.
Forms with missing information will be returned to you.

YOUTH PARTICIPANT INFORMATION

Student's Name: _____

☐ Male

☐ Female

Birthdate: (MM/DD/YYYY) _____/_____/_____

Youth's Cell Phone: _____
(if no cellphone, write "none" in the above blank)

Youth's Email: _____

School: _____ Grade: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Cell Phone: _____

Email: _____

Secondary Emergency Contact Person:

Name: _____

Relationship: _____

Cell Phone: _____

Email: _____

MEDICAL INFORMATION

Recent serious injuries? ☐ No ☐ Yes
List: _____

Allergies to Medications? ☐ No ☐ Yes
List: _____

Chronic medical Conditions? ☐ No ☐ Yes
List: _____

Other Pertinent Health Concerns? ☐ No ☐ Yes
List: _____

List medications taken regularly/occasionally (headaches, etc.)

Will you bring these medications with you? ☐ No ☐ Yes

Anything we should be aware of:

MEDICAL INSURANCE INFORMATION

Do you have medical insurance? ☐ No ☐ Yes

Company Name _____

Company Phone # _____

Member # _____

Group # _____

STUDENT MEDICAL AND SURGICAL WAIVER

I, _____, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend Mt. Olive youth events and participate in all activities during said events.

I have listed on this form said child's physical conditions or medical problems that may need attention, and all medications regularly used by said minor. I understand that all medical information will be kept confidential and will only be released on a need to know basis for care of said minor. Failure to disclose medical information/condition may result in dismissal from Mt. Olive youth events. In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Mt. Olive Lutheran Church, or its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said child which may, in their sole discretion, be necessary and proper under the circumstances. I also consent and give permission for said child, at his/her own discretion, to participate in counseling sessions while attending Mt. Olive youth events.

I do release, acquit, discharge, and covenant to hold harmless Mt. Olive Lutheran Church, or its representatives, sponsors, or the camps/hotels/campuses where the youth events are being conducted, from any and all actions, damages, or liabilities arising out of the treatment of any sickness or accident incurred by said child.

I also give authority and permission to Mt. Olive Lutheran Church security staff to inspect my child's room and belongings while attending Mt. Olive youth events for the safety and protection of all Students if unusual circumstances make such an inspection necessary.

This form also serves as a release for my child to appear in Mt. Olive photographs and/or videos for the purposes of publicity, training, and/or promotion.

X _____
Parent/Guardian Signature (if youth under 18 years) Date

X _____
Youth's Signature (if youth over 18 years of age) Date