

**Our Savior Lutheran Church
745 Front Street South
Issaquah, Washington 98027**

Activity and Medical Consent Form For Youth Activities

Activity Consent

I hereby give permission for _____ to attend **all Youth Activities** that are a scheduled part of our program. I hereby agree to release Our Savior Lutheran Church, its sponsors, representatives, and agents from any legal liability for my child's participation in the above-named activities. I further agree to save, defend, and hold Our Savior Lutheran Church from any claim of legal liability for stated activities. I understand that this permission granted will cover all and any activities from September 1, 2012 through September 1, 2013.

Medical Consent:

I, _____ the parent/legal guardian of _____, understand that reasonable effort will be made to contact me if my child needs emergency, medical, surgical treatment or procedures. But if it is impractical to do so, I hereby give permission to a licensed physician or hospital to perform such measures when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. This authorization is for ALL church activities for the period September 1, 2012 through September 1, 2013.

Parent/Guardian Signature: _____ Date: _____

Medical/Insurance Information (please print)

Child's Name: _____

Date of Birth: _____

Allergies/Chronic Illness: (please include bee stings, drug reactions, etc.) _____

Regular Medications: (include dosage) _____

Date of last Tetanus Immunization: _____

Other Pertinent Data: (please put more information on back, if necessary) _____

Child's Doctor: _____ Phone: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Home Phone: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Work Phone: _____

Parent/Guardian Cell Phone: _____

Insurance Company: _____ Group Number: _____

Member Number: _____ Employer: _____

Parent Email Address: _____

If any of this information should change during the year, please contact the church office, 425-392-4169 or office@oslciissaquah.org, and update this form.