

## Registration, Medical Consent, and Activity Permission Slip for Minors

Child's Information:

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Family Information:Member of Shepherd of the Hills?  Yes, we are members.  No, we are not currently members.

Child lives with (circle one): both mother father shared

Mother/Guardian's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address ( Same as above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Note: Newsletters will be emailed

Father/Guardian's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Address ( Same as above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_ Note: Newsletters will be emailed

Emergency / Medical:

Emergency Contact (non-parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Group / Policy #: \_\_\_\_\_

Date of last Tetanus/Diphtheria Booster: \_\_\_\_\_ Major Illnesses: \_\_\_\_\_

Allergies (Drugs/Food): \_\_\_\_\_

Any Special Medications or Pertinent Information: \_\_\_\_\_

Additional Comments/Notes: \_\_\_\_\_

In signing this, I am also giving permission for (child's name) \_\_\_\_\_ to accompany the youth and adult chaperones of Shepherd of the Hills to all youth activities from Sept. 2020 through Aug. 2021.

This form will be presented to the attending physician if your child is in need of emergency medical treatment during one of our events.

I, the undersigned parent/legal guardian of \_\_\_\_\_, in the event that I cannot be contacted through reasonable efforts, do hereby empower and grant to Shepherd of the Hills Lutheran Church and its agents, permission to consent to any medical or surgical diagnosis or treatment or hospital care for my above-named child.

I, the undersigned parent/legal guardian also understand that participation includes possible exposure to and illness from infectious diseases including but not limited to influenza and COVID-19. While particular rules and procedures may reduce the risk, the risk of serious illness does exist. Therefore, I knowingly and freely assume all such risks and assume full responsibility for my participant.

This authorization applied to all youth activities sponsored by Shepherd of the Hills Lutheran Church for the period of time from September 2020 through August 2021. This consent may be revoked at any time by giving written notice to the Pastor.

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ /20\_\_