

Our Savior Lutheran Church

Teen Ministry Permission Form

I understand that the potential for danger and injury exists whenever my student leaves home. I also certify that my child is physically able to participate in activities involving service projects, games, and other physically active events. I will not hold Our Savior Lutheran Church or any OSL teen ministry adult leaders responsible for any injuries to my child while traveling to and from and participating in teen youth activities with Our Savior Lutheran Church.

Teen participant's name _____

Teen participant's birth date _____

Parent's name _____

Parent's signature _____ Date _____

Parent's cell phone numbers

Name _____ Number _____

Name _____ Number _____

Home phone number _____

Other emergency contact: Name _____ Number _____

Medical Information and Release

Please list any prescription medication your son/daughter is currently taking _____

I give Mr. Wright and any other OSL teen ministry adult leader permission to seek medical aid from the most convenient doctor, clinic, or hospital in the event of an emergency.

Parent signature _____ Date _____

Teen participant's weight _____ Height _____

Teen participant has medical insurance coverage with (company):

Policy or I.D. number _____

The following special health problems (such as severe reaction to bee stings or other allergies, hemophilia, diabetes, heart disease, etc..) should be noted: _____

Family doctor: _____

Doctor's office phone number: _____

Please share anything that has not been asked but would be beneficial to know:

