

CHRIST MEMORIAL YOUTH GROUP HEALTH FORM  
2009-2010

Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact:

1. Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Allergies to drugs \_\_\_\_\_

Allergies to environment \_\_\_\_\_

Medial History \_\_\_\_\_  
(Diabetes, glasses, contact lenses, respiratory problems, heart problems, etc)

Surgical history \_\_\_\_\_  
(type of surgery, year, any complications)

Medications \_\_\_\_\_

My child may have the following over-the-counter medications if needed: (Medication &Dose)

\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**ATTACH A COPY OF FRONT AND BACK OF  
INSURANCE CARD**

## CMLC PHOTO PERMISSION FORM

Dear Parents,

At Christ Memorial, we are always looking for ways to share the joy of Jesus with others. Christ Memorial Lutheran Church and School has a website. You can visit us at

[www.christmemorial.us](http://www.christmemorial.us)

We want to get a variety of information on our website and also in local newspapers, church bulletins, etc. We would like to use pictures of our youth activities. We realize you may have some concerns about your teenagers' photos being published, so we need your permission to do so. Please read each of the four options and respond to each applicable option.

Thanks so much!

The CMLC Youth Committee

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1. I give my permission to take photographs of \_\_\_\_\_ to use and share pictures of Youth activities in the CMLC hallways.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

2. I give my permission to take photographs of \_\_\_\_\_ to be used on the CMLC website.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

3. I give my permission to take photographs of \_\_\_\_\_ to be used in local newspapers or church bulletins.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

4. I DO NOT give my permission to use photographs of \_\_\_\_\_ in ANY WAY!

\_\_\_\_\_

Date

\_\_\_\_\_

Parent Signature

