

CHRIST MEMORIAL YOUTH GROUP HEALTH FORM
2010-2011

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

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

PARENT CONSENT FOR YOUTH ACTIVITIES

As the parent/guardian of _____, I give permission for my child to attend **All Youth Events 2010-2011** on the following date(s) **2010-2011**. I authorize the youth chaperones of CMLC to act on my behalf in decisions regarding emergency, accident, or illness until such time I can be notified. I acknowledge that the youth chaperones and any private owners involved with the youth activities area acting in the best interest of our youth and liability is limited to the liability insurance provided by Christ Memorial Lutheran Church.

Signature of Parent/Guardian

Date

How can we reach you during activities? Provide as many phone numbers as necessary:

BEACH DAY PERMISSION

_____ has my permission to learn to surf on Beach Day trips.

Signature of Parent/Guardian

Date

YOUTH RESPONSIBILITY

As a member of the CMLC Youth Group, I will follow all directions given by the Youth chaperones during any and all activities. I understand that my cooperation and respect for all individuals and property has a direct bearing on my participation in future activities.

Signature of Youth

Date