

**The Lutheran Church of the Good Shepherd, 1515 Emmorton Road, Bel Air MD 21014**  
**Youth Programs**  
**Health History and Release of Liability Form**

To the Parents or Guardian of: \_\_\_\_\_ (the participant)  
 The information on this form will be used by the clergy and adult leaders of youth activities during the year in case of any emergency involving your child or yourself (if you are participating in a youth activity). Please note that this is only an information and release of liability form. This is not a blanket permission form for any youth to participate in an activity. A specific permission form will be required for most events and programs. **This form is valid for one church program year. Verification of the information or a new form is required by September 1<sup>st</sup> each year.**

**Verified Information is correct as indicated:**                      Date    Signature

Family Name	First Name	Middle Initial	"Jr" etc.
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Home address, including city, state, and ZIP code:

Sex	Date of birth	Participant E-mail address:	Home phone
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First parent or guardian name	Home phone	<input type="checkbox"/> Same as above
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Address	<input type="checkbox"/> Same as above	Work phone	Mobile phone
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Second parent or guardian name	Home phone	<input type="checkbox"/> Same as above
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Address	<input type="checkbox"/> Same as above	Work phone,	Mobile phone
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Emergency Contact Name	Relationship	Home phone
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Address	Work phone	Mobile phone
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Name of pediatrician or other physician providing primary health care for this individual

Address	Office phone
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Any other emergency contact information?

**Current Medications**

List below all prescription and/or over-the-counter medications now being used:

**Drug Allergies and reactions**

List below all known drug allergies and any history of adverse drug or inoculation reactions:

**Other Allergies and reactions (food, insects, etc)**

List below allergies, severity of reaction and any necessary treatment.

**Significant Medical History**

List below any significant medical history that may be needed for emergency treatment:

**PERMISSION**

I consent to the administration of any necessary or advisable medical treatment for \_\_\_\_\_ (the participant) for the duration of events for which I have signed permission forms. I request that an attempt be made to notify me of any proposed treatment, but I recognize and understand that medical treatment may be necessary or advisable before I can be notified, and I consent to the administration of treatment in that event. I understand that The Lutheran Church of the Good Shepherd does not provide medical insurance for participants in its youth programs. Information regarding **medical insurance** for the participant is as follows:

Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan #: \_\_\_\_\_ Group#: \_\_\_\_\_.

Insured: \_\_\_\_\_ Identification/Policy # \_\_\_\_\_.

**RELEASE OF LIABILITY**

I understand that \_\_\_\_\_ (the participant) may be exposed to risk of injury in connection with his or her participation in the programs for which I will sign individual permission forms during this Church School year, and I understand that the participant may become ill or have a medical emergency during those programs. I hereby release and agree to indemnify and hold harmless The Lutheran Church of the Good Shepherd, it's Congregation Council, pastors, officers, agents, servants, employees, adult youth advisors and any and all parental chaperones from any and all liability for any injury which may occur to the participant and for any damages that may be sustained by the participant in connection with his or her participation in the programs.

It is my intention and my understanding that this release of liability shall be in force for any event or program for which I shall provide individual specific permission to participate during the Church School year identified on page 1 of this form.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date