



Minnesota Metro Lutheran Teens Encounter Christ

Health Information and Participant Authorization Form

Full Name: _____ Date of Birth: _____

IN CASE OF EMERGENCY NOTIFY:

Name(s): _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Clinic's Name: _____

Clinic Phone: _____ Clinic's Address: _____

Medical Insurance Name: _____ Policy Number: _____

HEALTH HISTORY:

Check any of the following with which you have had trouble:

Asthma: _____ Convulsions: _____ Diabetes: _____ Fainting Spells: _____ Heart Trouble: _____

Allergies to food (list): _____

Allergies to medication (list): _____

Do you now have a condition requiring medication? YES NO

Name of medication: _____

Purpose of medication: _____

What activity restrictions do you have for medical reasons? _____

May Minnesota Metro Lutheran Teens Encounter Christ dispense over-the-counter medication for minor symptoms? YES NO

This health history is correct to the best of my knowledge. The participant named above has permission to engage in all prescribed activities except as noted above. In the event I cannot be reached during an emergency, I hereby give permission to the physician selected by the Adult Advisor in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter/ward.

I give permission for my son/daughter/ward to take part in Minnesota Metro Lutheran Teens Encounter Christ activities. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless Minnesota Metro Lutheran Teens Encounter Christ its agents, and officers, and the chaperones, leaders, organizers and sponsors, and person transporting our child to and/or from these activities. Neither the Minnesota Metro Lutheran Teens Encounter Christ nor any of said person shall be held financially responsible for any injury, illness, or death incurred as a director or indirect result of this activity.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance.

SIGNATURE (Participant): _____ **Date:** _____

PRINTED NAME (Participant): _____

SIGNATURE (Parent/Guardian): _____ **Date:** _____

PRINTED NAME (Parent/Guardian): _____