

Health Form

Name of Participant: _____

Date of Birth: _____ Participant SSN: _____

Name of Parent/Guardian: _____

Phone Number: _____ (home) _____ (cell)

Home Address: _____

Family Insurance Carrier: _____

Policy Number: _____

Policy Holder Name: _____

Medical Conditions: _____

Medical Allergies: _____

Food Allergies: _____

Current Medications and dosages: _____

Additional Information: _____

As legal guardian of the participant named above, I hereby give permission for this child to attend this synod youth retreat and be involved in all retreat activities. I also authorize the assigned Eastern North Dakota Synod LYO staff and volunteers to provide emergency medical care should any emergency occur while my child on this retreat. Furthermore, in giving permission for my child to participate, I agree to pay all expenses resulting from such an emergency and in no way hold the Eastern North Dakota Synod or its staff members/volunteers liable.

Parent/Guardian Signature: _____ Date: _____