

# Health Form

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Participant SSN: \_\_\_\_\_

Church Name and City: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell/work)

Home Address: \_\_\_\_\_

Family Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy Holder Name and SSN: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Current Medications and dosages: \_\_\_\_\_

Additional Information: \_\_\_\_\_

As a 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 & volunteers to provide emergency medical care should any emergency occur while my child is 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: \_\_\_\_\_