

Youth Info/Medical Form

Lord of the Lakes Church

First Name: _____ Last Name: _____

DOB: _____ Age: ____ Grade: _____

Special needs/allergies: _____

First Name: _____ Last Name: _____

DOB: _____ Age: ____ Grade: _____

Special needs/allergies: _____

Parent Email Address: _____

Parent Cell Phone: _____

Youth Cell Phone: (optional): _____

I would like to be included in group texts with updates and reminders of youth events: ___ yes ___ no

Do we have permission to take photos/videos of your child during Youth activities to be shared online, at church or in the Winneconne News? ___ yes ___ no

MEDICAL RELEASE

Parent's Name: _____ **Phone #:** _____

Address (street, city, zip): _____

Emergency Contact Person: _____ **Phone #** _____

Doctor's Name: _____ **Doctor's Phone #:** _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the adults in charge of the *Youth Events* to secure the services of a licensed physician to provide the care necessary for my child's well-being.

I, the parent or legal guardian of the child listed above, also release Lord of the Lakes Church as well as any adults in charge from any and all claims resulting from injury or damage that may be sustained by my child while participating in *a Youth event*.

Signed: _____ Date: _____
(Parent or Guardian)