

****This medical information needs to be updated as necessary for the youth.****

**FAMILY MEDICAL INFORMATION
Middle & High School Youth Ministry
2008**

YOUTH'S NAME _____ AGE _____ DOB _____
School _____ GRADE (FALL 2008) _____

FINANCIALLY RESPONSIBLE PERSON:

NAME _____
HOME ADDRESS _____ CITY/STATE/ZIP _____
PHONE _____ CELL PHONE _____ E-MAIL ADDRESS _____
BUSINESS ADDRESS _____ PHONE _____

FAMILY HEALTH INSURANCE INFORMATION WHICH COVERS YOUR YOUTH:

INSURANCE COMPANY _____
POLICY # _____ GROUP # _____ MEMBER # _____
AGENT'S NAME _____ PHONE _____
AGENT'S ADDRESS _____ CITY/STATE/ZIP _____
POLICY SUBSCRIBER'S NAME _____
(Father, Mother, Guardian)

IN CASE OF EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACED, CONTACT:

NAME _____ PHONE _____
ADDRESS _____ RELATIONSHIP _____

MEDICAL INFORMATION

DATE OF LAST TETANUS SHOT _____
KNOWN ALLERGIES TO FOOD/MEDICATIONS _____
MEDICATIONS CURRENTLY TAKING:

MEDICATION

REASON

DIRECTIONS

HOSPITAL PREFERRED _____

DOCTOR _____ PHONE _____

OTHER MEDICAL INFORMATION THAT MIGHT BE USEFUL (physical or mental problems, recent surgeries, etc. _____

This authorization shall remain effective for 2010.

PARENT PERMISSION FORM
Middle & High School Youth Ministry
2008
Living Springs Church
8267 Aurora Peak Avenue
LAS VEGAS, NV 89131
(702) 254-4224

YOUTH'S LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

HOME PHONE _____ E-MAIL ADDRESS _____ DATE OF BIRTH _____

AGE GRADE _____ SCHOOL _____

I/We, the undersigned, parent(s)/guardian(s) of _____ understand that our youth, a minor, will take part in the Middle School Youth Ministry planned activities sponsored by LIVING SPRINGS CHURCH. I/We further understand that our youth may be transported in personal or professionally driven rented vehicles from LSC located at 8267 Aurora Peak Avenue Las Vegas, NV 89131, to the activity as disclosed by small group leaders and/or church staff.

LSC will do our best to ensure the safety and well-being of your son/daughter, however, in the event that your youth is injured or becomes ill on any trip, the staff, advisors, and chaperones representing LSC will immediately seek medical attention for your youth and contact the undersigned as soon as possible. I/We further agree to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of any surgeon or physician licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis is rendered at the office of said physician or at said hospital.

I/We will not hold the staff of LSC responsible for any and all harm, injury, or illness that may befall your youth while on this trip, which is due to the negligence of any third party unrelated to LSC. I/We further agree to the administration of emergency first aid by the aforementioned individuals representing LSC. In the event of an emergency, every effort will be made to contact the parent/guardian immediately.

I/We give permission to photograph my son/daughter at church events/programs.

This authorization shall remain effective for 2010 Middle & High School Youth Group. This form provides permission for the **"The Hiking Trip on September 14, 2008"**.

PRINT Parent/ Guardian Name

PRINT Student Name

(Signature of Parent/Guardian)

(Signature of Student)

DATE