

# Ascension Lutheran Church

## Medical History & Current Information

### For the Year 2019

(If your youth requires medical assistance, the following information is needed for the medical provider. SS# is for the medical provider and simplifies admittance to a hospital)

Youth's Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone # (307) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Youth SSN \_\_\_\_\_ Youth's birth date \_\_\_\_\_

Family insurance carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Parent/guardians \_\_\_\_\_

Youth's Physician \_\_\_\_\_

Physician's telephone number \_\_\_\_\_

**In responding to the following, if the answer is "no", "none" or not applicable, please so note.**

List any and all medical conditions a medical provider may need to know about.

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List all medications to which your youth is allergic.

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List all foods to which your youth is allergic.

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List all current medication and dosages your youth is taking.

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(Please continue on second sheet)

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Does your youth regularly have any of these problems (circle response) and if so, how do you want them treated? (Add additional comments on the back)

Headaches **Yes** or **No** Treatment \_\_\_\_\_

\_\_\_\_\_

Heartburn **Yes** or **No** Treatment \_\_\_\_\_

\_\_\_\_\_

Stomach aches **Yes** or **No** Treatment \_\_\_\_\_

\_\_\_\_\_

Back problems **Yes** or **No** Treatment \_\_\_\_\_

\_\_\_\_\_

Diarrhea **Yes** or **No** Treatment \_\_\_\_\_

\_\_\_\_\_

Others \_\_\_\_\_ Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Others \_\_\_\_\_ Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus/diphtheria immunization; \_\_\_\_\_

Others information your adult leaders should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# ASCENSION LUTHERAN CHURCH YOUTH COMMITTEE

## 2019 Annual Parental Permission and Release

I, \_\_\_\_\_ parent or guardian of \_\_\_\_\_  
give my permission for my son/daughter to join the Ascension Lutheran Church Youth on any and all of the activities my son/daughter attend and further authorize the Youth Sponsors from Ascension Lutheran Church to authorize medical treatment for them while on these trips. The youth trips may include but are not limited to (1) snow skiing, (2) sledding, (3) white water rafting (4) swimming, (5) a day at Water World, (6) Fort Fun and/or (7) Youth Gatherings

I understand all outdoor adventure activities involve elements of risk. If I have any questions or concerns regarding the physical ability of my son/daughter and this activity, I will consult my family physician and discuss it with them.

### Contacts in case of an emergency

Name	Relation to youth	Telephone #
_____	_____	at (____) _____
_____	_____	at (____) _____
_____	_____	at (____) _____
_____	_____	at (____) _____
_____	_____	at (____) _____

### Annual Medical Form

I have completed an Annual Medical Form for the year 2017 and will inform the Youth Leaders of any changes that occur in my child's health during the year.

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home telephone # (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Work telephone # (\_\_\_\_) \_\_\_\_\_

Preferred method of contact: [ ] Texted or Call: [ ] home, [ ] work or [ ] cell phone