



Medication taken regularly: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Carrier (Employer): \_\_\_\_\_

Contact and/or Group Number: \_\_\_\_\_  
(In addition, please provide a copy of your insurance card. Copies can be made at Hope Lutheran Church.)

In Case of an Emergency, Please contact:

Parent or Guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend or Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Swimming: My Child is a (1) non-swimmer \_\_\_\_ (2) fair swimmer \_\_\_\_ (3) good swimmer \_\_\_\_

Do you give permission for Hope Lutheran Church youth ministry staff and adult chaperones to administer non-prescription (over-the-counter) medications (such as aspirin or ibuprofen) to your child? Yes No

Do you consent to the use of pictures or video of your son or daughter to be used in fliers, calendars, newsletters, websites, or other appropriate visual material relating to the ministries of Hope Lutheran Church? Yes No

**C. EVENT INFORMATION:**

This permission form pertains to the following event:

Event name: \_\_\_\_\_

Event date(s): \_\_\_\_\_

I hereby agree to and understand all information listed on this form.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date