

Today's Date

Appendix E

Last Name

CHILD-YOUTH INFORMATION FORM

Prince of Peace Lutheran Church
101 S. Lebanon Rd., Loveland, OH 45140

Last Name		First Name		
Birth date	Age	School	Grade this fall:	Gender:
Parent name(s)		Best contact e-mail address		
Parent contact numbers				
H:		C:		W:
H:		C:		W:
Student cell phone number (if applicable)		T-shirt Size	Student email address (if applicable)	
If parents are not available in an emergency, please contact				
Name	Relationship to student		Phone numbers	
1.				
2.				
Persons to whom my child may be dismissed				
Child's physician		Phone number		
Child's dentist		Phone number		
Insurance Provider		Group name and policy number		
Dietary restrictions, allergies or special needs				
Current medication				

CHILD-YOUTH INFORMATION FORM
Prince of Peace Lutheran Church
101 S. Lebanon Rd., Loveland, OH 45140

Authorization

Medical Release: In the event of an emergency and reasonable attempts to contact me or my emergency contact have been unsuccessful, I hereby give my consent for the administration of any treatment necessary by a licensed physician or dentist and the transfer of my child(ren) to any hospital reasonably accessible.

I understand all reasonable safety precautions will be taken at all times by Prince of Peace Lutheran Church (Loveland, Ohio) and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I will not hold Prince of Peace Lutheran Church (Loveland, Ohio), its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child/youth of this form.

Photo Release: I authorize Prince of Peace Lutheran Church to use a picture/video of my child(ren) taken during Prince of Peace events or activities in church-related presentation and promotional materials.

Check one: _____YES _____NO

The following is a note to current allergies, special conditions, limitations or precautions:

Parent/guardian signature

Date