



**2018-19 FELC YOUTH MINISTRY RELEASE FORM (Download to your device BEFORE filling out)**

Must be on file before a youth participates in ministry related activities. Turn in or mail completed form to the church office, 326 E. North St., Appleton, WI 54911, or email completed form to *felc@felc.com*.

Name of Youth \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade (entering fall of 2018) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Name of parent or guardian \_\_\_\_\_

Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Home Phone(s) \_\_\_\_\_

Work Phone(s) (include name & number) \_\_\_\_\_

Cell Phone(s) (include name & number) \_\_\_\_\_

**If parent/guardian is not available at above numbers, emergency contact:**

Name & Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH INSURANCE Please attach a copy of your insurance card (both sides) to this form.**

Insurance Company \_\_\_\_\_ Policy No \_\_\_\_\_

Health Care Provider's Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY (To be completed by parent or guardian.)**

Check if youth has been subject to medical treatment for any of the following:

\_\_\_ Diabetes \_\_\_ Allergies \_\_\_ Asthma \_\_\_ Other Please explain below:

\_\_\_\_\_  
\_\_\_\_\_

Give dates of immunizations: DPT \_\_\_\_\_ Polio \_\_\_\_\_ MMR \_\_\_\_\_ Hep B \_\_\_\_\_

Meningococcal \_\_\_\_\_ Last Tetanus \_\_\_\_\_

Current medications: Give name, dose, schedule (medication MUST be in ORIGINAL labeled prescription bottle).

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any restrictions on physical activities or any concerns you may have regarding your child.

\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL AUTHORIZATION – MUST BE SIGNED BY PARENT/GUARDIAN FOR ALL YOUTH UNDER THE AGE OF 18.**

My child has permission to take part in all church activities, including offsite activities under supervision, and I agree that the church, or its personnel, will not be held responsible for accidents or personal injury arising therefrom. In the case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of the participant. In the event I cannot be reached I hereby give permission to the medical examiner selected by the First English staff to hospitalize, to secure proper treatment for, to order an injection, anesthesia, or surgery for my child as named on this form. I understand that First English does not provide medical insurance.

I further authorize First English Youth Ministries to use photos, videos or other likeness of my child for church publicity with no identifying information posted. Please initial here if you **DO NOT** authorize this use: \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_