

Youth Participant Medical Form

Name: _____ Birthday: _____

Parents names: _____

Home/Cell Number: _____

Email: _____

Mailing Address: _____

Allergies, medical conditions that may affect youth's participation in events: _____

Emergency Contact/s: _____

Phone: _____

Relation to youth: _____

Parental Consent:

I give my permission for my son or daughter to participate in Deep Dive activities at Our Savior Lutheran Church in Aiea. I further authorize the group leaders to consent to any emergency medical treatment necessary for my son or daughter while attending a youth event. I declare my child is covered by primary insurance and assume all responsibility and liability for injury to my child.

Parent or Guardian Signature: _____ Date: _____

Thank you! I'm really looking forward to the year ahead and spending time with you and your youth. Please feel free to contact me at any time if you have any needs or concerns. God's peace!

In Jesus,
Janet

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