

**Youth Trip Health Form**  
Zion Lutheran Church, 1732 S Main St, Aberdeen, SD 57401

Participant's Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Street Address

City/State/Zip

Day Phone (    ) \_\_\_\_\_ Night (    ) \_\_\_\_\_

Cell (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_

**HEALTH HISTORY**

Does the participant have any condition that would prevent him or her from participating in any trip activity?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, please explain:

Pre-existing medical conditions:

Current medications:

Any additional pertinent medical information:

Date of last tetanus/diphtheria shot: \_\_\_\_\_

Primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

*Attach a copy of your insurance card, front and back (you can also text photos of this to Pastor Erin at 252-0320.*

As parent or guardian of the above named minor, I hereby grant permission for my son/daughter to participate in the Middle School Servant Trip. This signed authorization is effective for the following dates: August 9, 2019 through August 11, 2019.

**Photo Release**

I hereby give permission to organizers of this event to take photographs and/or videos of my child. I consent to the use of such materials for promotional purposes by Zion Lutheran Church.

**Medical Release**

I grant permission for any adult chaperone with our group or event coordinators to take whatever steps may be necessary to obtain emergency care as warranted for the wellbeing of my child. These steps may include but are not limited to the following:

- Attempts to contact a parent or guardian
- Attempts to contact youth's physician
- Seek medical examination/treatment for injuries/condition by medical professional

Parent/Guardian Name (Please print): \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Should an emergency occur and the Zion adult leaders are unable to contact me, please notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_