

HSLC Youth Medical Permission Form

Name of Youth	
Date of Birth	
Address	
Phone	Email
Name of Family Doctor.	Phone
AB Health Number:	Date of last Tetanus shot:
Additional health care:	

Does your child have any severe or life-threatening allergies? (eg. bee stings, food, penicillin or other drugs, etc.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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Does your child use or carry any medications? (eg. antibiotic, ventilator, epi-pen, etc.)

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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Does your child have any physical, emotional, cognitive or behavioral concerns or limitations?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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Does your child have any medical conditions of which we should be aware?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Details
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On my behalf and on the behalf of _____(youth), I hereby release Holy Spirit Lutheran Church, its agents, members and employees and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said youth's use of Holy Spirit Lutheran Church or any of its facilities, or by virtue of participation in any of its programs.

In the event of accident, sickness or other medical emergency, I hereby authorize Holy Spirit Lutheran to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, Holy Spirit Lutheran Church, its pastor, staff and volunteers are hereby released from any liability. This statement is taken directly from our national church policy (<http://elcic.ca/Documents/documents/protectionpolicyforms.pdf>)

Parent/Guardian's Signature	Date
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