

ATONEMENT LUTHERAN CHURCH  
4601 South University Drive  
Fargo, ND 58104

2009-2010 School Year & Summer Information

**YOUTH AND CHILD'S MEDICAL INFORMATION  
FORM FOR MINOR PARTICIPANTS**

Minor Participant \_\_\_\_\_

Date of Birth (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) \_\_\_\_\_ Grade in school \_\_\_\_\_

Address \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Telephone- Home \_\_\_\_\_ Telephone-Home \_\_\_\_\_

Work \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

If either parent/guardian is not available, in case of emergency, contact:

Name \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to Minor Participant \_\_\_\_\_

**Family Physician:**

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Health Insurance:**

Company Name \_\_\_\_\_

Policy No. \_\_\_\_\_

Address \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Please note any medical problems or special needs: \_\_\_\_\_

\_\_\_\_\_

**PLEASE FILL OUT BACK PAGE AND SIGN.**

Taking any medications? If yes, list: \_\_\_\_\_

Check allergies: Hay fever \_\_\_\_\_ Insect Bites/bee stings \_\_\_\_\_ Peanuts \_\_\_\_\_ Other \_\_\_\_\_

Allergies to drugs: \_\_\_\_\_

Any Other Allergies? \_\_\_\_\_

### **Consent to treatment of Minor Participant**

The undersigned parent or legal guardian of the minor participant consents to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child.

### **Waiver of Rights**

In consideration of the minor participant's opportunity to participate in youth and children's events, the undersigned parent or legal guardian hereby knowingly, freely, and voluntarily waives any claims by the undersigned and the minor participant for negligence against Atonement Lutheran Church and its agents, arising as a result of such participation, provided that such claims are hereby waived only to the extent that the amount of any such claim exceeds the amount of insurance available to Atonement Lutheran Church and its agents to pay such claim.

Date \_\_\_\_\_

Parent or Legal Guardian of Minor Participant