



OUR SHEPHERD LUTHERAN STUDENT MINISTRIES

SHARE LIFE WITH OUR SHEPHERD

Yearly Student Profile & Medical Release Form

STUDENT INFORMATION

First Name _____ Last Name: _____ M. I. _____ Preferred Name: _____

If youth is not a member of Our Shepherd, please write the name of the individual who asked you to join us: _____

Student Cell #: _____ Text: yes no T-Shirt Size: _____

E-Mail Address: _____

Birth Date: _____ Baptized Date: _____ Confirmed Date: _____

Current School: _____ Anticipated H.S. Grad Year _____

Home Address: _____

City: _____ State: _____ Zip: _____

Hobbies: _____

Interests: _____

Sports: _____

Other Activities: _____

Favorite things: _____

Food(s) you do not eat _____

Allergies of any kind: _____

Regular Medications: _____

Other Health Considerations: _____

FAMILY INFORMATION

Father's Name: _____ Mother's Name: _____

Family Phone: _____ Family E-mail: _____

Father's Cell # _____ Text: yes no Mother's Cell # _____ Text: yes no

Emergency Contact: _____ Phone #: _____ Relationship: _____

(At the time of check in for an event or activity be sure to indicate any time, you, or other parent/guardian, will be unreachable during the event to the leader of the event and provide updated emergency contact for those times)

Health Insurance Company: _____ Policy / Group#: _____

Please place a copy of insurance card here.

Front of Card

Back of Card

ACTIVITY and MEDICAL RELEASE

My child has permission to participate in the youth activities, programs, and ministries of Our Shepherd Lutheran Church. In any youth event/activity, especially those that include traveling, there is the risk of serious injury. I understand that I am primarily responsible for any medical expenses incurred for any reason. The church carries only liability co-insurance to assist with medical costs not covered by my own primary insurance. In the event of a medical emergency when I/we the parents and/or legal guardian(s) cannot be reached and our emergency contact cannot be reached, I hereby authorize the youth leader, or designated adult counselor, to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the church, youth leader, or adult counselor, be held liable for actions taken in good conscience in an emergency situation. I give permission for photograph taken during activities/events to be used for publications by Our Shepherd Lutheran Church. My /our signature(s) below indicate our agreement to these statements.

Youth's Name:	<div style="display: flex; justify-content: space-between; font-size: 8px;"> PRINTED NAME SIGNATURE </div>	Date:		Updated:
Parents or Guardians:	<div style="display: flex; justify-content: space-between; font-size: 8px;"> PRINTED NAME SIGNATURE </div>	Date:		
	<div style="display: flex; justify-content: space-between; font-size: 8px;"> PRINTED NAME SIGNATURE </div>	Date:		

This form will be valid for one year from the date signed. After one year please review this form update and make any changes.