



# Yearly Student Profile & Medical Release Form

*for event /activities of*

## OUR SHEPHERD LUTHERAN CHURCH & SCHOOL

### 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: \_\_\_\_\_

Cell #: \_\_\_\_\_ Text: yes no

E-Mail Address: \_\_\_\_\_ Secondary E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Baptized Date: \_\_\_\_\_ Confirmed Date: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Facebook Username: \_\_\_\_\_ Twitter Username: \_\_\_\_\_ Other Social Network: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Interests: \_\_\_\_\_

Sports: \_\_\_\_\_

Other Activities: \_\_\_\_\_

Favorite things: \_\_\_\_\_

Food(s) you do not eat \_\_\_\_\_

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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 and/or 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.

Updated:

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINTED NAME SIGNATURE

Parent or Guardians: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINTED NAME SIGNATURE

\_\_\_\_\_  
PRINTED NAME SIGNATURE

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