

EDGE High School Ministry

2010 Permission-Medical-Behavior Form

Faith Lutheran Church
11115 Hanson Boulevard NW * Coon Rapids, MN 55433
Phone: 763-354-7810 Email: highschool@faithlutherancr.org

Student Name _____	Date of Birth _____ Month/Day/Year
Address _____	Gender M F Current Age _____
Parents Name (s) _____	Home Phone _____
_____	Cell Phone _____
Most Reliably Checked Email _____	
Emergency Contact _____ (other than parent)	Emergency Contact Phone _____

Medical Release

Please indicate below any medical needs the staff and volunteers should be aware of:

- Allergies
- Any illnesses (asthma, bleeding, cold, flu)
- Any physical restrictions, personality changes, mood swings or depression over the past 6 months we should be aware of?
- Current medication? (name of medication and dosage)

Insurance Information:

Name of Provider _____

Identification number of the participant _____

Student Behavior Covenant

To insure an outstanding experience for everyone, we ask that the student read and follow the expectations:

- Respect other participant's property and that of the hosting facility.
- Respectful behavior for group leaders, adults, peers, and all facilities are expected.
- Faith Lutheran Church will not be responsible for any lost, damaged, or stolen articles. We suggest that you leave all valuable items at home.
- There will be no deposit refunds for students who do not show up to an event.
- ANY participation in alcohol, smoking, or drugs will result in immediate dismissal from the event at the cost of the participant. Other reasons for dismissal include: defacing property, ANY sexual activity, leaving the premises without permission, cursing and/or abusive language.

I have read and agree to these event enhancing conditions.

Student Signature: _____

Parent/Guardian

I authorize my son/daughter to attend activities and events for 2010. In the event of a medical emergency and the emergency contact or I cannot be reached by phone, I authorize Faith Lutheran Church Staff to provide care for my son/daughter. I have also read and agree with the expectations of the student behavior covenant and will support Faith in administering any appropriate discipline if expectations are not followed.

Parent/Guardian Signature _____ Date _____