

Trinity Lutheran Church

Effective Dates: _____ to _____

Please print in ink

Student Name: _____ Date of Birth: _____ Age: _____

Year in School: _____ Gender: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ Cell phone: _____

Father's Name: _____ Phone: (home) _____ (work) _____

Mother's Name: _____ Phone: (home) _____ (work) _____

Emergency Contact: _____ Phone: (home) _____ (work) _____

Family Physician: _____ Office Phone: _____

Medical Insurance Co.: _____ Policy Number: _____

Medical History and Health Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and of what, if any action of protection is required on account thereof. Please include the names of medications and dosages that must be taken.

Allergies (pollens, medications, foods, insects):

Asthma, epilepsy/seizures, heart trouble, diabetes, frequent upset stomach, physical handicap:

Other pertinent health concerns:

Last date of immunization: Tetanus _____ Polio _____ Measles _____

The undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend the events organized by Trinity Lutheran Church's Beacon After School Program. In the event of an emergency, this consent form gives permission to seek whatever medical attention is deemed necessary by a licensed physician, and releases the church and its staff of any liability against personal losses of named child. This form also serves as authorization to permit my child to receive emergency medical attention when needed if I/we, or my/our emergency contact, are unavailable to give consent. I/we affirm that the health insurance information is accurate as of the signed date and will, to the best of my/our ability, remain in effect for the student named above. In the event that medical treatment is required, I/we acknowledge that I/we are responsible for the cost of any medical care not covered under the above named insurance policy.

This form also gives Trinity Lutheran Church permission to use any photographs and/or video images of the above named student for purposes of (but not limited to) promotional materials, website design, and ministry recaps.

Parent/Guardian Signature: _____ Date: _____