

Saint Andrew's Lutheran Church Medical Information and Release Form

Please complete both sides and print neatly in ink

Name _____ Age _____ Birthdate _____ Grade (2011-12) _____
School Attending _____
Address _____ City _____ State _____ Zip _____
E-mail: Student _____
E-mail: Parent/Guardian _____

Contact Information

Guardian 1 _____	Guardian 2 _____
Home phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____

Local Emergency Contact _____ Home Phone _____
Work Phone _____ Cell Phone _____

Out-of-State Emergency Contact _____ Home Phone _____
Work Phone _____ Cell Phone _____

Physician _____ Office Phone _____
Dentist _____ Office Phone _____
Preferred Hospital _____
Insurance Company _____ Policy # _____

Medical History

Where necessary, please 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. If details exceed lines provided, please attach another page. Include names of medications and dosages that your child takes, including over the counter medications and vitamins.

- 1) For your child's safety and our knowledge, is your student a—
 __good swimmer __fair swimmer __non-swimmer

- 2) Does your child have allergies to—
 __pollens __medications __food __insect bites __other
Please explain allergy and treatment _____

- 3) Are all of this child's shots and immunizations up to date? _____

- 4) Does your child wear: __glasses __contacts

5) Does your child suffer from, has ever experienced, or is being currently treated for any of the following:

- asthma epilepsy/ seizure disorder heart trouble frequently upset stomach
 migraines physical handicap depression eating disorder ADD/ADHD
 dizziness/fainting other physical/emotional/developmental issues

Please explain problem(s) and treatment _____

6) Please list and explain any major illness, hospitalizations and/or surgeries the child has experienced in the last year: _____

7) Please list names of medications and dosages that your child takes, including over the counter medications and vitamins: _____

8) Should this child's activities be restricted for any reason? Please explain:

Medical release and authorization for treatment

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Saint Andrew's Lutheran Church (hereafter named "the Church") and its staff of any liability against personal losses of named child.

I/we, the undersigned, have legal custody of _____, a minor, and have given out consent for him/her to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we release the Church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor and all efforts to contact me/us are unsuccessful (in a life threatening emergency, parents/ guardians are the secondary contact -- 911 is the primary call), I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health information and health insurance information provided above is accurate at this time and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth director or youth ministry representative.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____