

# Good Shepherd Lutheran Church Medical Information

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Youth email \_\_\_\_\_ Receive event updates by email:  
 Yes  No

Parent email \_\_\_\_\_  Yes  No

Parent(s) Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_) \_\_\_\_\_

Cell phone: Parent (\_\_\_\_) \_\_\_\_\_ Cell phone: child (\_\_\_\_) \_\_\_\_\_

I give \_\_\_\_\_ my permission to ride the church van or other church arranged vehicles for youth activities from October 1, 2010 to September 30, 2011. I also give my child permission to participate in active games and activities during this time. I release Good Shepherd Lutheran Church from any damages and liability which may result due to accident or injury during these events.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy number \_\_\_\_\_

Does your child have any pre-existing health concerns, medications currently being used, allergies, physical limitations or any other things Good Shepherd and the youth staff should know about?

\_\_\_\_\_

Emergency Contact Person (other than yourself):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Youth \_\_\_\_\_