

ST. LUKE'S LUTHERAN CHURCH- HEALTH/EMERGENCY CARD – 407-365-3408

Student's Last Name:		Student's First Name:		Student's Middle Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female		Birth Date (m/d/y):	
Mother's Name:			Home Phone:			Cell Phone:			
Place of Work:			Work Phone:			Extension/Cell Phone:			
Father's Name:			Home Phone:			Cell Phone:			
Place of Work:			Work Phone:			Extension/Cell Phone:			
Home Address:	Number & Street			Apt. #	City			Zip Code	
With whom does child live?									
LIST BELOW PERSONS AUTHORIZED TO CARE FOR CHILD IF PARENT CANNOT BE REACHED:									
Name:			Address:			Phone:			
Name:			Address:			Phone:			
Physician's Name:						Phone:			
ALLERGIES/REACTIONS:									
HEALTH PROBLEMS/OTHER CONDITIONS:									
DOES THIS HEALTH PROBLEM REQUIRE SPECIAL CONSIDERATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Do you have personal insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No									

ST. LUKE'S LUTHERAN CHURCH PARENTAL CONSENT

Student's Full Name:

I grant and give permission for my child _____ to participate in and be transported on Youth outings by Adult Youth Ministry Leaders who are authorized by St. Luke's Lutheran Church.

I understand that the personal information provided regarding my child will be used in a confidential and professional manner, shared only with youth staff or chaperones as needed, for the purpose of meeting my child's health and educational needs. If this information is not to be shared, I will provide written notification stating this fact to the pastor or youth director.

In the event of serious accident or illness, I request the church to contact me. If I cannot be reached, the church may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for services rendered.

Parent/guardian signature: _____ Date: _____
--

I have verified that there are no changes to the information contained on this card.

Initials _____ Date _____
 Initials _____ Date _____
 Initials _____ Date _____