

St. Andrew's Lutheran Church

Medical & Emergency Form

This form is good for all St. Andrew's events September 2006—September 2007

Please Type or Print

Participant's

Name _____ Age _____ Grade _____ Birthday _____

Address _____ Home Phone (_____) _____

City _____ State _____ Zip Code _____

Email Address _____

I give my permission for the above student to go to family and youth ministry events sponsored by St. Andrew's Lutheran Church. I understand that if my student or his/her guest has problems with the agreed upon rules, I agree to pick him/her up immediately.

* **Parent/Guardian Signature** _____ **Date** _____

Parent/Guardian Contact info—Home (_____) _____ Cell (_____) _____ Work (_____) _____

Email address _____

In Case of Emergency where Parent/Guardian cannot be reached via above information, please contact:

Name _____ Relationship to Child _____

Contact Information: Home (_____) _____ Cell (_____) _____ Work (_____) _____

Insurance Policy & Number _____

Family Doctor _____ Phone Number (_____) _____

Preferred Hospital _____

Current Medications that my student is taking _____

Allergies _____

Any other Medical information that we need to know _____

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray examination, atheistic, medical, surgical, or dental diagnosis or treatment or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentists, whether such diagnosis or treatment is rendered at the office or hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services.

The undersigned does also hereby give permission for our (my) child to ride in any vehicles designated by the adult in whose care the minor has been entrusted while attending and participating in ministry events.

I will not hold St. Andrew's Lutheran Church responsible in case of an accident.

* **Parent/Guardian Signature** _____ **Date** _____

This form must be complete before above student may participate in any off-site event.