



MEDICAL FORM/PROOF OF INSURANCE

Medical Authorization/ /Emergency Care

Valid through August 1, 2025

PLEASE COMPLETE ONE FOR EACH CHILD

CHILD'S NAME _____ GRADE _____ BIRTHDATE ___/___/___

HOME PHONE _____ - _____ - _____

HOME ADDRESS _____ CITY & ZIP _____

MOM'S NAME _____ CELL PHONE _____

Mom's E-MAIL _____

EMPLOYER NAME & WORK NUMBER (MOM) _____

PROFESSION: _____

DAD'S NAME _____ CELL PHONE _____

DAD'S E-MAIL _____

EMPLOYER NAME & WORK NUMBER (DAD) _____

PROFESSION : _____

FAMILY PHYSICAN _____ PHONE _____

CHOICE OF HOSPITAL _____ PHONE _____

MARITAL STATUS OF PARENTS _____ Child live with Both Parents _____ Mom _____ Dad _____

RELIGIOUS AFFILIATION _____ PLACE OF WORSHIP _____

PASTOR'S NAME _____

St. John's Lutheran School has permission to utilize my child's photo/name as part of a public display for the purposes of public relations for the school, including social media.

YES _____ NO _____

MEDICAL QUESTIONNAIRE:

Is your child presently being treated for any injury or sickness or taking any form of medication for any reason (ADHD etc)?
Food allergies?

Yes No (If yes, please explain) _____

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly-scheduled activities or in any rigorous activity?

Yes No (If yes, please explain) _____

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the chaperons of St. John's Lutheran School to make emergency medical care decisions on behalf of my child, if required by law or a health care provider. I understand that St. John's Lutheran School will not be responsible for medical expenses incurred solely on the basis of this authorization. I agree to notify St. John's Lutheran School in the event of any health changes which would restrict my child's participation in any normal youth activity. I also understand that the chaperons reserve the right to restrict my child from any activity that they do feel is within the physical capabilities of my child.

Effective January 1, 2012, Children eight years of age and older, but under 16 years must be properly secured with an appropriate safety belt. Children under eight years of age, who are less than 4 feet 9 inches tall, must be properly secured in an appropriate child passenger restraint system that meets federal safety standards. However, children under eight years of age, who are 4 feet 9 inches tall or taller, may be secured with an appropriate safety belt instead of a child passenger restraint system.

My child is Eight years of age, and/or 4ft. 9in. tall. I will transport my child in my own vehicle or provide the appropriate restraint system and accept responsibility of its use.

HEALTH INSURANCE _____

POLICY / GROUP # _____

OTHER EMERGENCY CONTACTS ALSO ALLOWED TO PICK UP

NAME _____ PHONE _____ - _____ - _____

RELATIONSHIP _____

NAME _____ PHONE _____ - _____ - _____

RELATIONSHIP _____

IN ADDITION TO PARENTS/GUARDIANS THESE PERSONS ARE AUTHORIZED TO PICK UP MY CHILD FROM SCHOOL OF PALS-MUST BE 18 YEARS OF AGE.

NAME _____ PHONE _____ - _____ - _____

RELATIONSHIP _____

NAME _____ PHONE _____ - _____ - _____

RELATIONSHIP _____

NAME _____ PHONE _____ - _____ - _____

RELATIONSHIP _____

NAME _____ PHONE _____ - _____ - _____

RELATIONSHIP _____

MEDICAL TREATMENT AUTHORIZATION:

LIABILITY RELEASE:

I take full responsibility for my child's actions. I exempt and relieve St. John's Lutheran School and its chaperons from liability for personal injury, property damage, or wrongful death of my youth caused by any act of negligence of St. John's Lutheran School and its chaperons. I will pay for any damages caused by my youth. Furthermore, should it be necessary for the participant to go home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

**** (A FACSIMILE OR PHOTOCOPY OF THIS FORM SHALL BE AS VALID AS THE ORIGINAL)****

Parent/Legal Guardian Printed Name Signature: / fully understand the above release Date

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