

Name:

Date of Birth:

Sex:

Home Address

Street:

City/State/Zip:

Home Phone:

Parent/ Guardian

Name:

Home Phone:

Work Phone:

Cell Phone:

If parent/guardian is not available, please contact

Name:

Relationship:

Home Phone:

Work Phone:

Cell Phone:

Insurance Information

Name of Carrier:

Group Number:

Policy Number:

Doctor:

Office Phone:

Please check (✓) as many as apply:

Chronic Concerns

- None
- Frequent ear infections
- Heart disease/defect
- Diabetes
- Bleeding / clotting disorders
- Hypertension
- Asthma/Reactive Airway Diseases
- Seizures / convulsions

Allergies

- No known allergies
- Medications
- Insect Stings
- Foods (describe below)
- Other (describe below)

Medications

- Does not take medication regularly
- Takes the following routine medications:
Name of medication: _____
Reason for taking: _____
Dosage: _____
How often: _____

- Name of medication: _____
Reason for taking: _____
Dosage: _____
How often: _____

Please provide information for any items checked above:

Describe any emotional, learning, or psychological concerns, and provide information to help us work effectively with this student (use another sheet if necessary):

My child has permission to participate in all Saint Peter activities, except as noted.

Transportation:

I hereby give permission to the Pastor and/or Adult Chaperones to transport my child to and from off-site activities sponsored by Saint Peter Lutheran Church. This includes transportation in the church-owned van (by licensed, insured, trained and certified adult drivers) or in private vehicles (by licensed, insured adult drivers).

Medical Care:

I hereby give permission to the medical personnel selected by the Pastor and/or Adult Chaperones to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Pastor or Adult Chaperones to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child as named above.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____