

MEDICAL INFORMATION FORM

for Lake Nokomis Lutheran Church activities

Date updated: _____

Student Information:

Name _____ Birthdate _____

Complete Address _____

Home Phone _____ Student Cell Phone _____

Student E-mail Address _____

Parent/Guardian Information:

Parent/Guardian Name #1 _____

Complete Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Parent/Guardian Name #2 _____

Complete Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Emergency Contact (other than parent/guardian):

Name _____

Home Phone _____ Cell Phone _____

Medical Insurance:

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Health History:

Pre-existing or present medical conditions _____

Allergies _____

Normal treatment of any allergic reactions _____

Current Medications _____

Date of last tetanus shot _____

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event that I cannot be reached in a emergency during church activities, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event the medical intervention is needed. Coverage by Lake Nokomis Lutheran Church through its accident policy will be used as a backup for what the student's insurance does not cover. I understand that all reasonable safety precautions will be taken at all times by Lake Nokomis Lutheran Church staff and volunteers during the church sponsored activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Lake Nokomis Lutheran Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____ Date _____

Transportation and Participation Permission:

I give my child permission to ride with Lake Nokomis Lutheran staff, mentors, teachers, and chaperones for program purposes on field trips off church property for low risk activities, such as going out for meals, bowling, concerts, service projects, etc. I understand that for high risk activities, such as rock-climbing or water activities, and for trips longer than a weekend retreat, a special permission form will be required. My signature below also serves as permission for my child to attend retreats, lock-ins, lock-outs, and game nights. No additional permission slip will be required for these activities.

Parent/Guardian Signature _____ Date _____