



Grace Lutheran Health and Consent to Treat Form

Student Information

Please use dark ink and PRINT your responses.

Name (first, middle, last)	Male Female	Date of Birth	Grade
Address	City		Zip
Parent/Guardian Name(s)	Secondary Contact		Relationship to Student
Home Phone	Home Phone		
Emergency Phone (during Sunday School) <i>required</i>	Emergency Phone (during Sunday School)		

Insurance

Health Insurance Company	Phone	Policy Number	Group Number
Doctor's Name	Phone	Dentist's Name	Phone

Health Background

Current Medication(s):	Date of last tetanus shot:	Glasses or Contact Lenses?
Preexisting Conditions:	Please list any food allergies/other allergies for your child, as well as any health/behavioral concerns. Specifically if they receive extra help at school in any way.	
Any other restrictions, special physical or dietary needs?		

(Use reverse if more space is needed)

Being the legal guardian of _____, I _____ voluntarily place my child in the Children/Youth Ministry program at Grace Lutheran Church. I agree to hold harmless Grace Lutheran Church, its leaders, employees, volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form. I do consent to treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment, but in the event that I cannot be reached, I give permission to make decisions necessary for diagnosis and treatment. Further, I acknowledge that Grace Lutheran's insurance coverage is secondary to my insurance plan. I give my permission for Grace to provide or obtain transportation for my child in order for them to participate in any program conducted off the grounds of Grace Lutheran Church. In addition, I hereby give permission for photographs of my child to be taken and used within Grace Lutheran Church for information and/or publicity regarding Grace Lutheran Church activities.

Signature _____

Date _____