

ST. JOHN'S LUTHERAN CHURCH MEDICAL RECORD AND EMERGENCY INFORMATION

Name _____ Birth Date _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Cell Phone _____

_____ SSN _____

Business Address _____ Bus. Phone _____

In case of an emergency and the above person cannot be reached, please notify:

Name _____ Relationship _____

Address _____ Phone # _____

Business Address _____ Bus. Phone _____

Health History – Check which apply and give details if needed

Ear Infections _____ Heart Condition _____ Other Allergies _____

Rheumatic Fever _____ Hay Fever _____ Heat Related Illness _____

Convulsions _____ Ivy Poisoning _____ Date of Last Tetanus Shot: _____

Diabetes _____ Insect Stings _____ _____

Asthma _____ Penicillin _____

Anything else we should be aware of: _____

Please elaborate any detail: _____

Allergies: _____

Any operations or injuries? _____

Any chronic or recurring illness? _____

OTHER CONDITIONS, RESTRICTIONS OR DETAILS THAT WE SHOULD BE AWARE OF?

If the student will be taking medication or special foods, what will he/she be taking? For what is it being taken for? _____

Medical and Emergency Information

Family Doctor _____

Address _____

Phone Numbers _____

Health Insurance Company _____

Group and ID # _____

This health history and information sheet is correct as far as I know and the person herein described has my full permission to engage in all youth activities except as noted by me.

In the event that I cannot be reached in an emergency, nor can the alternate person be reached, I hereby give permission to the physician selected by the authorities in charge to hospitalize, secure proper treatment for, and if necessary order injection, medication, anesthesia or surgery for my child named above.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians / dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

This permission sheet will be in effect for the entire current year and will cover all youth activities.

If there are any special instructions or wishes, please note below:

Date: _____

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____