

# **2013-14 Student Health and Participation Form** **St. Paul Lutheran Church Trenton**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

## **Emergency Contact**

Parent or Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alt Phone (\_\_\_\_) \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Alt. Phone (\_\_\_\_) \_\_\_\_\_

## **Student Health Information**

Pre-existing or present medical conditions \_\_\_\_\_

Name and Dosage of any Medications that must be taken \_\_\_\_\_

Any allergies? \_\_\_\_\_ to medications? \_\_\_\_\_

Asthma     Hay Fever     Heart Condition     Diabetes     Insect Stings

Frequent Stomach upset     Migraine     Physical Handicap     Epilepsy

Date of Last Tetanus Shot \_\_\_\_\_ Immunizations up-to-date? \_\_\_\_\_

Any Activity restrictions  yes  no explain \_\_\_\_\_

Please explain any of the above checked or is there any thing else we should know? \_\_\_\_\_

Do you give St. Paul staff and/or chaperones permission to administer either Tylenol or Ibuprofen to your child as needed in case of headache, cramps or minor pain.

yes     no, please contact me first

## Health Insurance Information

Name of Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance \_\_\_\_\_

Primary Care Doctor \_\_\_\_\_ Phone number \_\_\_\_\_

In case of emergency, your hospital preference \_\_\_\_\_

### Medical and Liability Release Statements:

As the parent or custodial adult of \_\_\_\_\_, I give permission for St. Paul Lutheran Church, its agents, staff, and volunteers to obtain urgent or emergency care for my child, and I authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care.

I give permission for my child to participate in the activities of St. Paul Lutheran Church, both on the church premises and elsewhere. In consideration of the opportunity of my child to participate in the activities of St. Paul Lutheran Church, I release St. Paul Lutheran Church, its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation; and I agree to indemnify and hold forever harmless St. Paul Lutheran Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of St. Paul Lutheran Church or resulting from traveling to or from the activities of St. Paul Lutheran Church.

I understand that my child may be photographed or videotaped while participating in the activities of St. Paul Lutheran Church. I give my permission for a recognizable image of my child to be posted on electronic web media or bulletin boards.

I give my permission for my child to travel in a vehicle operated and occupied by only one adult. I understand that there will always be at least 2 children in the vehicle.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_