

**St. Luke Lutheran Church
Permission Slip and Medical Consent Form**

I give my son/daughter, _____, my permission to participate in the following St. Luke Lutheran Church event:

Event: _____ **Location:** _____
Date: _____ **Time:** _____

I hereby release St. Luke Lutheran Church from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of St. Luke Lutheran Church to consent to and authorize emergency medical, surgical, or dental treatment to be given to my son/daughter, _____, as considered advisable or necessary in the judgement of an emergency medical professional or attending physician.

Parent or Guardian: _____
(print name) (signature)

Date: _____

Personal and Emergency Contact Information

Address: _____
(street) (city) (state) (zip code)

Phone Numbers: _____
(home) (work) (cell/pager)

Emergency Contact: _____
(name) (relationship) (phone)

Medical and Insurance Information

Family Physician: _____
(name) (phone)

Health Insurance: _____
(Company) (Policy Number) (Group Number)

(Policy Holder's Name) (Customer Service Phone)

Allergies: _____

Physical Limitations: _____

Medical Conditions: _____

Current Medications: _____

Additional issues you wish us to be aware of: _____

