

CHILD'S NAME: _____ DOB: _____ GRADE YEAR 2016/17: _____ SHIRT SIZE: _____

CHILD'S NAME: _____ DOB: _____ GRADE YEAR 2016/17: _____ SHIRT SIZE: _____

PARENT/GUARDIAN NAME: _____

PHONE 1: _____ PHONE 2: _____

ADDRESS: _____ CITY: _____ ZIP: _____

E-MAIL ADDRESS: _____

HOME CONGREGATION: _____

IN CASE OF EMERGENCY (WHEN THE PARENT/GUARDIAN CANNOT BE REACHED) PLEASE CONTACT:

NAME: _____

PHONE 1: _____ PHONE 2: _____

RELATIONSHIP TO CHILD: _____

PERSON RESPONSIBLE FOR PICKING UP THIS CHILD AT THE END OF EACH DAY:

NAME: _____ PHONE : _____

NOTES FOR STAFF: _____

PHYSICIAN _____ PHONE _____

INSURANCE PROVIDER _____ PLAN/GROUP # _____

DENTIST _____ PHONE _____

INSURANCE PROVIDER _____ PLAN/GROUP NUMBER _____

PLEASE LIST ANY HEALTH CONSIDERATIONS AND/OR ALLERGIES FOR YOUR CHILD(REN)

PARENT/GUARDIAN AUTHORIZATION: THIS HEALTH HISTORY IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE PERMISSION TO ST. PAUL LUTHERAN CHURCH TO ACT ON MY BEHALF AND SEEK EMERGENCY MEDICAL TREATMENT INCLUDING ORDERING X-RAYS OR ROUTINE TESTS. I GIVE PERMISSION TO ST. PAUL TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. IN THE EVENT THAT I CAN NOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY ST. PAUL LUTHERAN TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED ABOVE.

SIGNATURE OF PARENT/GUARDIAN _____

PRINTED NAME _____ **DATE** _____

PHOTOGRAPHY AUTHORIZATION: I UNDERSTAND THAT MY CHILDREN MAY BE PHOTOGRAPHED AND THAT A PHOTOGRAPH CONTAINING THEIR IMAGE MAY BE USED FOR DISPLAY OR REPRODUCTION AT ST. PAUL LUTHERAN CHURCH OR ON THE CHURCH WEBSITE.

SIGNATURE OF PARENT/GUARDIAN _____

ARE YOU INTERESTED IN ANY OF THE FOLLOWING?

- INFORMATION ABOUT ST. PAUL A VISIT FROM THE PASTOR BAPTISM/MEMBERSHIP