St. Paul Lutheran Church

701 South Pleasant Ave. Lodi, CA 95240 (209)368-2747

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
PARENT CONSENT FOR PARTICIPATION IN ALL YOUTH ACTIVITIES

Name_____Bithdate_____Gender: M F

Address_____City_____Zip_____Hm. Phone/Cell_____

In an emergency notify_____Hm. Phone/Cell_____

Family Doctor_____City_____Phone_____

PHYSICAL CONDITION_____ (Check and specify if other then good, give details below).

___Allergies
___Epilepsy
___Nervous System Disorders
___Diabetes
___Heart Condition
___Eye, ear, nose, throat
___Stomach upsets
___Asthma
___Rheumatic Fever
___Frequent Colds

Any swimming restrictions: Yes_____No_____ (give details below)
Any activity restrictions: Yes_____No_____ (give details below)

Please list any allergies_____

To my knowledge he/she Has _____ Has not_____ been exposed to contagious, infectious disease in the last 3 weeks.

Insurance Company_____Policy Number_____

(I), (We) the undersigned, parent(s) of_____ MINOR, do hereby authorize the youth director/children's education director for the undersigned to consent to any x-ray, anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act of the Business and Professional Code of California, Section 2000, on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

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I know of no health reason why my son/daughter may not participate in any Youth activities.

SIGNATURE_____DATE_____

COMMENTS_____

_____

_____

PHOTOGRAPHY AUTHORIZATION: I **GIVE** THE CHURCH PERMISSION TO PHOTOGRAPH MY CHILD(REN) AND THAT ANY PHOTOGRAPH CONTAINING THEIR IMAGE TO BE USED FOR DISPLAY OR REPRODUCTION AT ST. PAUL LUTHERAN CHURCH OR ON THE ST. PAUL WEBSITE.

SIGNATURE OF PARENT/GUARDIAN _____

ARE YOU INTERESTED IN ANY OF THE FOLLOWING?

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

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Offsite Authorization: I understand that my child(ren) may walk with adult supervision with their student group to either the Needham School field and playground or to the grounds of First United Congregational Church, both of which are not more than 1 block from St. Paul.

Signature of Parent/Guardian _____