Community Lutheran
CHURCH AND PRESCHOOL

PARTICIPANT NAME: _____
(Last) (First) (Middle Initial)

BIRTHDATE: _____/_____/_____ GENDER: _____

ADDRESS: _____

_____ _____ _____ (City)
(State) (Zip)

1ST EMERGENCY CONTACT: _____
CONTACT #: _____

RELATIONSHIP TO PARTICIPANT: _____

2ND EMERGENCY CONTACT: _____
CONTACT #: _____

RELATIONSHIP TO PARTICIPANT: _____

EMERGENCY AND HEALTH INFORMATION:
Do you have any of the following? (If "yes", please explain or list out)

ALLERGIES? NO _____ YES _____/_____

ASTHMA? NO _____ YES _____/_____

HEARTH CONDITION? NO _____ YES _____/_____

DIABETIC? NO _____ YES _____/_____

OTHER _____

Do you have a reaction to any of the following? (If "yes", please explain or list out)

BEE STING? NO _____ YES _____/_____

NUTS? NO _____ YES _____/_____

ANY MEDICATIONS? NO _____ YES _____/_____

OTHER _____

Are you subject to any of the following? (If "yes", please explain or list out)

FAINTING? NO _____ YES _____/_____

MOTION SICKNESS? NO _____ YES _____/_____

Do you have any dietary restrictions?

_____

DO YOU HAVE ANY CONDITION THAT PREVENTS YOU FROM PARTICIPATING IN ANY ACTVITIES? PLEASE SHARE:

ARE YOU CURRENTLY TAKING ANY MEDICATION? NO _____ YES _____

NAME: _____

DOSAGE: _____ FREQUENCY: _____

NAME: _____

DOSAGE: _____ FREQUENCY: _____

MEDICAL HEALTH INSURANCE: _____

POLICY #: _____ LAST TETNUS SHOT: _____/_____/_____

TODAY'S DATE: _____/_____/_____

REVISION DATES: _____/_____/_____, _____/_____/_____, _____/_____/_____

The undersigned herby gives permission for mu child, _____ to attend and participate in activities sponsored by **Community Lutheran Church**.
I authorize an adult, in whose care the minor has been entrusted, to consent to an X-Ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any *physician or dentist* licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or dentist or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child in accordance with this authorization.

Should it be necessary for my child to return home due to medical or other reasons, the undersigned shall assume all transportation costs.

The undersigned also herby gives permission for my child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by **Community Lutheran Church**. I understand that participating in activities involving vehicle transportation may involve risks, including but not limited to injury, accident, or death. I voluntarily assume all risks associated with such activities, regardless of the cause. I hereby release, waive, discharge, and hold harmless the driver of the vehicle, any passengers, the vehicle owner, and any affiliated parities from all liability, claim, demands, or causes of action arising out of or in connection with any accident, injury, or harm that may occur.

I have read this waiver, fully understand its terms, and sign it freely and voluntarily. I agree that this waiver shall be binding upon me, my heirs, legal representatives, and assigns.

It is my desire and expectation that I will be contacted as soon as possible in the event of injury to my child.

Participant Name: _____

Emergency Contact #1 Printed Name: _____

Emergency Contact #1 Signature: _____