

## First Lutheran Church Health Form

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**For the above listed person, please list the following:**

Allergies: \_\_\_\_\_  
Special Dietary Needs: \_\_\_\_\_  
Current Medical Conditions or History: \_\_\_\_\_

Medications to be taken at any event: \_\_\_\_\_

During the course of any given activity during the year, participants may experience minor conditions- such as stomach aches, scrapes, headaches, cramps, twisted joints, or sore eyes from the pool-that require treatment. To avoid making unnecessary calls in the middle of the night, we ask that you approve in advance their administration of the following over-the-counter medications to the participant, as deemed necessary: Tylenol/non-asprin, Advil, Ibuprofen, eye drops, cough medicine, decongestant, antibiotic ointment, chewable antacids, and ice for swelling.

My child may have: 1) All of the above 2) None of the above 3) All of the above except:

\_\_\_\_\_

I understand that in case of an emergency, every attempt will be made to contact me as a parent or guardian. In case I cannot be reached and care is needed immediately, I give permission for my child's leaders or any leaders to take my child to the hospital for the care that is needed. I further direct that the hospital and its physicians have my permission to provide care for my child.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_