**Amazing Grace Lutheran Church Health Form – 2023 - 2024**

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Preferred Name: \_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ \_\_\_ Grade This Year: \_ \_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

Parent(s)/Guardian(s) Names: \_\_\_ \_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Child’s Phone: \_\_ Parent/Guardian #1 Cell Phone: \_\_\_\_\_\_\_\_\_\_\_ \_\_ Parent/Guardian #2 Cell Phone: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Email addresses:

Additional Emergency Contact (name & phone number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information:**

Any known allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_

Any dietary restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ \_\_\_

Any medication taken regularly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Regular Clinic/Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Insurance Name and Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Does your child have any medical or special needs? No Yes

If yes, please explain.

My child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to participate in this Amazing Grace Lutheran Church activity. Except as noted on this form, he/she is in good physical condition and is able to participate in this activity. I will notify Amazing Grace Lutheran Church if my child is unable to participate healthfully in activities or if his/her health changes.

I acknowledge that some of the activities involve physical activity and environmental conditions carrying significant risk of serious personal injury, death, or property damage. I assume all responsibility and risk, and I hereby release Amazing Grace Lutheran Church, its employees and volunteers, from any and all claims, liability, or causes of action of any kind, whether based on negligence or otherwise, for property damage, personal injury, or death, arising from or related to my child’s participation in the activities, including travel to and from various locations.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

(Pick one of the following)

\_\_\_ I DO grant permission for my child’s name/picture to be used in Amazing Grace Lutheran Church publications and videos.

\_\_\_ I DO NOT grant permission for my child’s first name/picture to be used in Amazing Grace Lutheran Church publications and videos.

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