



# Faith Lutheran Church Medical Form

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Father Home Phone: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Policy #: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_ / \_\_\_\_

List all allergies: \_\_\_\_\_

List all medications: \_\_\_\_\_

List any special needs, restrictions, etc. we need to be aware: \_\_\_\_\_

I (we), the undersigned parent, parents or legal guardian of the above listed minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I (we) will not hold liable Faith Lutheran Church, its officers, leaders or volunteers for medical aid rendered at a hospital or first aid rendered at the event and will reimburse the Faith Lutheran Church for medical or other expenses incurred in the care of the above listed minor.

This authorization is given pursuant to Section 6910 of the Family Code of California.

I (we) will permit photographs of the above listed minor taken at any Faith Lutheran Church event to be used for publicity by authorization of the designated members of Faith Lutheran Church.

**Medication must be accompanied by written instructions from the parent or physician and in their original containers.**

This consent shall remain effective for one year from this date: \_\_\_\_\_, 201\_\_.

I have read, understand and agree to all information contained within this document:

\_\_\_\_\_  
Parent or Guardian Signature                      Parent or Guardian Printed Name                      Date