St. Paul's Lutheran Church, Hainesport, NJ

Health Form for infant – 12th Grade

September 2025 - August 2026

Emergency and Health Form - Please fill out this form for each child/youth participant in any church program/event. Please complete a new form if any information changes during the year. Please initial next to each paragraph to consent.

Personal Information

Child's First/Last Name _____

Child's Birthdate _____ Age _____ Grade in school (PK for Pre-school) _____

Youth email _____ Youth's cell # _____

Parent/Guardian Name(s)___ _____

Address _____ City _____ Zip _____

Parent email _____ Parent cell # _____

Parent's Home or other # _____ Work # _____

Emergency contact _____Phone # _____ Relationship _____

Medical Information

Medical and Health Information for (child's name) _____

Please tell us any special needs that your child has that may require accommodations. Include any allergies, medical conditions, or learning differences that may have an impact on your child's successful participation in children, youth and family ministry programs.

_____

_____

_____

Child's Physician's Name _____ Dr.'s Phone #_____

Insurance Information _____

I, the undersigned Parent or Guardian of _____, a minor, do hereby grant an authorized leader of St. Paul's Evangelical Lutheran Church, Hainesport, NJ the following:

1. _____ To act as my agent to consent to such diagnostic procedures and hospital care, including x-ray, medical anesthesia, or surgery, as deemed necessary to secure and maintain the health and well-being of above-named minor, so long as said treatment is deemed advisable by and is rendered under the supervision of a physician, surgeon or dentist properly qualified and licensed under the laws of the state in which he/she practices.

2. _____ To photograph or videotape my child during normal or event activities, and these photos/videos may be used in print and/or electronic media outlets related to the church activity.

Please provide names of whom you grant permission to pick up your child:

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____

Parent/Guardian Signature_____ **Date** _____

Updated 11/15/16 – original document color blue