

St. Paul's Lutheran Church, Hainesport, NJ

Health Form for infant – 12th Grade

September 2023 - August 2024

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** _____