

# Our Savior's Lutheran Church Student Enrollment and Medical Authorization Form

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian (first & last name) \_\_\_\_\_

Siblings \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_

Phone Numbers:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Primary Care Physician & Facility \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Important Medical Information \_\_\_\_\_

Special Health Concerns \_\_\_\_\_

Medication (presently using) \_\_\_\_\_

Special Learning Needs/Concerns \_\_\_\_\_

Allergies \_\_\_\_\_

Preferred Approach to Dealing with  
Above Concerns \_\_\_\_\_

My son/daughter has permission to engage in Our Savior's Lutheran Church activities. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the Adult Sponsor to secure proper treatment for my child as named above.

In consideration of the attendance of my child at Our Savior's Lutheran Church, Jackson, MN activities and for allowing my child to participate activities, I do hereby release and discharge Our Savior's Lutheran Church and all of its pastors and adult leaders acting officially or otherwise from any and all claims, demands, actions, or causes of action on account of any injury sustained by my child during Our Savior's Lutheran Church activities.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Home Congregation \_\_\_\_\_

Do you want to receive Our Savior's mailings? \_\_\_\_\_ Yes \_\_\_\_\_ No