

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