



Child's Name: _____

Permission & Medical Release Form

I give permission for my child to attend activities with Shepherd of the Hills Lutheran Church. I will not hold Shepherd of the Hills responsible in the event of personal injury, sickness, or accidental death in the course of participation. I do also hereby authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Parent's Name: _____

Parent's Signature: _____

Home Phone #: _____ Date: _____

Event Name: All Confirmation Programs, 2009-10 Event Date: 2009-10

Information on Child

Child's Full Name: _____ Birthdate: _____

Allergies (including drug reactions): _____

Chronic Illness: _____

Regular Medications: _____

Date of last Tetanus Immunization: _____

Child's Physician: _____ Phone #: _____

Mother's Work #: _____

Father's Work #: _____

Insurance Coverage: _____ Group #: _____

Employer: _____ Member #: _____

(please use the back of this form for other important information)