

2024 Student Health and Participation Form

St. Paul Lutheran Church Trenton

Name of Student _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ High School Graduation Year _____

Emergency Contact

Parent or Guardian Name _____ Relationship _____

Address (if different from student) _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Alternate Contact _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Student Health Information

Medical conditions we need to be aware of _____

Name and Dosage of any medications that must be taken _____

Allergies: Food _____ Medications _____

Other _____

Other information we need to know _____

Any Activity restrictions ___yes ___ no Explain _____

Do you give St. Paul staff and/or chaperones permission to administer either Tylenol or Ibuprofen to your child as needed in case of headache, cramps or minor pain.

___ yes ___ no, please contact me first. Dosage child allowed _____

Health Insurance Information

Name of Insurance Company _____ Phone # _____

Policy # _____ Group # _____

In whose name is the insurance _____

Primary Care Doctor _____ Phone number _____

In case of emergency, your hospital preference _____

Medical and Liability Release Statements:

As the parent or custodial adult of _____, I give permission for St. Paul Lutheran Church, its agents, staff, and volunteers to obtain urgent or emergency care for my child, and I authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care.

I give permission for my child to participate in the activities of St. Paul Lutheran Church, both on the church premises and elsewhere. In consideration of the opportunity of my child to participate in the activities of St. Paul Lutheran Church, I release St. Paul Lutheran Church, its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation; and I agree to indemnify and hold forever harmless St. Paul Lutheran Church, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of St. Paul Lutheran Church or resulting from traveling to or from the activities of St. Paul Lutheran Church.

I understand that my child may be photographed or videotaped while participating in the activities of St. Paul Lutheran Church. By checking this box, I give my permission for a recognizable image of my child to be posted on electronic web media or bulletin boards.

Yes, permission to photograph my child is granted.

No, permission to photograph my child is denied.

I give my permission for my child to travel in a vehicle operated and occupied by only one adult. I understand that there will always be at least 2 children in the vehicle.

Parent/Guardian Signature _____ Date ____ / ____ / ____