

Permission & Medical Release

STUDENT INFORMATION

Name*		Date of Birth*
Parent(s) or guardian(s)*		
Address*	City	State
Phone 1*	Name	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Phone 2	Name	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Phone 3	Name	<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work

EMERGENCY CONTACT if unable to reach someone above

Name*		Relationship to student*
Phone 1*		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work
Phone 2		<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work

MEDICAL INFORMATION

Insurance provider*	Policy number*
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Please attach a photocopy of insurance card

Date of last tetanus shot*

Pertinent allergies, medications, or medical information

The adult leaders supervising this activity have my permission to give my student over-the-counter drugs if needed, including, but not limited to Advil, Tylenol, etc.

I agree I do not agree

The above student has my permission to attend any event of St. Paul's Lutheran Church. I understand that St. Paul's Lutheran Church & School, its leaders, and volunteers on these events are not liable for injury, illness, or mishap occurring on these events. In the event of an emergency, accident, or illness, I want to be notified as soon as possible. I do, however, give permission to chaperones and leaders to authorize treatment as deemed necessary by appropriate medical personnel.

Parent or guardian signature*	Date*
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St. Paul's Lutheran Church & School

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School: 319-352-1484 school@stpaulswaverly.org

Fax: 319-352-3999