

## HEALTH HISTORY and PERMISSION FORM

Saint Luke Lutheran Church  
9100 Colesville Road  
Silver Spring, Maryland 20910

*To be completed by parent/guardian of those under 18 years old, or by participant if 18 or older*

NAME \_\_\_\_\_  
First Middle Last

ADDRESS \_\_\_\_\_  
Street City State Zip

DATE OF BIRTH \_\_\_\_\_

PARENT/GUARDIAN NAME(S) \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

FATHER (W) \_\_\_\_\_ (CELL) \_\_\_\_\_

**Emergency contacts:** *In case of emergency, if above-listed parent/guardian cannot be reached, notify:*

1. NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### INSURANCE:

Health Insurance Co. \_\_\_\_\_ Policy# \_\_\_\_\_

Name of Insured \_\_\_\_\_ Group Plan ID \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

**IMMUNIZATIONS:** Date of last Tetanus DPT shot: \_\_\_\_\_

Are all other immunizations up-to-date? \_\_\_\_\_ Explain, if necessary \_\_\_\_\_

### ALLERGIES: (attach sheet if explanations are necessary)

Is participant allergic to any medicines? Y / N List medicine allergies: \_\_\_\_\_

\_\_\_\_\_

Other allergies: \_\_\_\_\_

Please list and explain any allergy emergency medicines and procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current medication(s):** \_\_\_\_\_

Activity or dietary restrictions: \_\_\_\_\_

Is there anything else we should be aware of? \_\_\_\_\_

This health history is correct as far as I know, and the person herein described has my permission to participate fully in Saint Luke Church activities. ***Please check the items for which you give your permission:***

\_\_\_\_\_ **PARENT/GUARDIAN AUTHORIZATION:** I hereby give permission that my child participate in activities sponsored by Saint Luke Lutheran Church, including travel. I agree that the Church, staff and volunteers accompanying any activity or trip shall not be liable for any damage or injury that my child may sustain.

\_\_\_\_\_ **EMERGENCY AUTHORIZATION:** I hereby authorize Saint Luke Lutheran Church staff to secure medical treatment for me/my child in the event of an emergency and grant permission for medical personnel to administer tests and treatment to my child including but not limited to X-rays, scans, blood work, medication administration, anesthesia, and emergency surgery. This form will be photocopied for use out of the Saint Luke building.

\_\_\_\_\_ **PHOTO AUTHORIZATION:** I hereby give permission to Saint Luke Lutheran Church to use, distribute, and/or publish images (still or video) of my child for use in church publications or other materials deemed appropriate by the Saint Luke Lutheran Church staff. Students will not be identified in these materials.

**TRANSPORTATION:** For any Saint Luke activity, I give my permission for my child to ride in:  
\_\_\_\_\_ Saint Luke bus \_\_\_\_\_ Saint Luke van \_\_\_\_\_ a rented vehicle, \_\_\_\_\_ a private vehicle, driven by a staff member or a volunteer, age 21 or older

GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

This Statement of Permission shall be signed by a parent or guardian and shall remain in effect for one year after date signed.

To participate in any activity sponsored by Saint Luke, the participant must have submitted this form to the proper sponsoring administrator. If we do not have your child's form on file, then your child will not be permitted to participate until this form has been completed and returned.