

**Gloria Dei Lutheran Church  
Health Form/Permission Slip  
September 2018 - September 2019**

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Full Name _____	Home Phone _____
Employer _____	Work Phone _____
Mother's Full Name _____	Home Phone _____
Employer _____	Work Phone _____
Another Contact Person _____	Phone # _____

Doctor _____	Phone # _____
Dentist _____	Phone # _____
Hospital Preference _____	

Insurance Company _____
Policy # _____ Responsible Party _____

Medical Information (if none – write none)
Date of Last Tetanus shot _____
Major illnesses _____
Drug Allergies _____
Food Allergies _____
Medication Taken _____
Wears contacts <input type="checkbox"/>

**PERMISSION SLIP**

In the case of a medical emergency, I understand every effort will be made to contact the parents or guardians of the youth. In the event I cannot be reached, I hereby give permission to the medical professional to hospitalize, to secure proper treatment for, to order injection, anesthesia, or surgery for my child as named on this form.

\_\_\_\_\_ has my permission to take part in a youth/confirmation off-campus activity with Gloria Dei Lutheran Church.

Parent/Guardian signature: \_\_\_\_\_