

**Gloria Dei Lutheran Church
Health Form/Permission Slip
September 2021 - September 2022**

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: _____