



LIVING HOPE
LIGHTHOUSE
Love God. Love Others. Make Disciples.

LHL Illuminate Children's and Youth Ministries
Medical Information Form

Child's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Sex _____ Male _____ Female _____

Date of Birth _____ Age _____

Current Grade _____

Parents _____

Parents address if different _____

Work Phone Number _____ Home _____ Cell _____

Email Address _____

List any operations of serious injuries (date): _____

List any chronic or recurring illness or disorder: _____



Page 2 of 2

Tetanus Information:

List date of last booster _____

Miscellaneous:

Please indicate any medicine or food allergies, activities to be encouraged OR restricted, or any other information which will help meet your child's needs: _____

Health Insurance Company _____

Policy Number _____ Group Number _____

I _____ give permission for emergency medical treatment for my son/daughter _____ to the leaders of LHL Youth Ministries, a ministry of Living Hope Lighthouse in Palmerton. By my signature below, I acknowledge that the above information is accurate and waive all claims against the LHL Youth Ministries in the event of injury.

Signed: _____ Date: _____

Please Print Name: _____