

Salem Lutheran Youth Event Health Information Sheet

NAME (please print) _____

ADDRESS _____

CITY, STATE, ZIP _____

BIRTHDATE: _____

In the event that emergency medical or dental care or treatment is needed on this Salem Lutheran Youth sponsored activity we _____ parent/guardian (circle one) of _____ (child's name) authorize Eric Blake, or other leaders on the Salem sponsored youth event, to consent on our behalf to any such emergency care and treatment being rendered by any duly licensed doctor or dentist.

Signature(s) _____

date _____

Please give us the following information:

Parent(s) Information

Name: _____

Address: _____

Phone (day) _____ (eve) _____ (cell) _____

Name: _____

Address: _____

Phone (day) _____ (eve) _____ (cell) _____

Close friend or relative:

Name: _____

Address: _____

Phone (day) _____ (eve) _____ (cell) _____

Medical and Dental Insurance:

Company & Policy # _____

Family Physician: _____

Address & Phone: _____

Family Dentist: _____

Address & Phone: _____

Allergic to: _____

Medical Conditions to be aware of: _____

Medications: _____
