Medical Form for the Path and LOC Student Ministry Events

Student's Name: _____ Grade: _____ Phone: _____

Address: _____ City _____ Zip: _____

I give permission for the above named child to join the Path/Confirmation Class of Light of Christ Lutheran Church (LOC) and/or other LOC events taking place the church or other locations. I understand, when travel is involved, the vehicles will be driven by adult chaperones.

I hereby release Light of Christ Lutheran Church, its staff, lay leaders, volunteers, chaperones and sponsors from responsibility and liability for any injury or illness that my child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of that activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

***Signature of parent or legal guardian _____ Date _____

Phone Numbers to contact in case of an emergency:

Name: _____ Name: _____

Cell: _____ Cell: _____

Emergency Contact if I cannot be reached:

Name _____ Relation to Student: _____ Phone: _____

Student's Medical Information

Allergies: ☐NO ☐YES Explain: _____

Physical handicaps or limitations: ☐NO ☐YES Explain: _____

_____

Insurance Company: _____

Policy number: _____ ID# _____

Member's name: _____

MEDICATION ADMINISTRATION FORM

When your student is gone overnight or for an extended period of time and needs to have medication administered please indicate those medications currently being taken:

Name of Medication	Dose	Time of day to be given	With Food? Yes or No	Comments

I give permission for an adult chaperone to be responsible for my child receiving their medications as indicated above.

Signature of parent or legal guardian _____ Date _____