



Student Information: Page 2

Medical Information Continued:

Are immunizations current Yes No Date of last Tetanus: _____

Medical History:

Please list any known allergies: _____

Please list any current injuries affecting the participant's abilities on this trip: _____

Authorization for Emergency Medical Care to a Minor

I/We the undersigned parents or legal guardian(s) of the minor child listed on this form do hereby authorize any necessary examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any duly licensed medical personnel and/or hospital and/or medical service provider for the care and treatment of listed minor child. Shepherd of the Valley Lutheran Church and designated group representatives including staff and volunteer leaders are the temporary custodians of the listed minor child. I/We authorize the use of best judgement in treating the minor child and recognize best efforts will be made to contact us for notification and consultation with time that is allowed in any given emergency situation. My/Our permission is granted if I/we cannot be reached to move forward with necessary treatment in the best interest of the minor child.

One parent / legal guardian signature is required:

Printed name(s) and phone number(s) on page one.

_____/_____
Signature Date MM/DD/YYYY