

The Lutheran Church of the Good Shepherd
IMPACT Medical Form

Skateboarding Ministry Event (Oct. 17th, 2009; 3pm-5pm)

PLEASE CHECK 1 OR 2 BELOW IN THE EVENT OF AN ACCIDENT OR EMERGENCY:

___1. In the event of an accident or emergency, when a parent or guardian is unavailable, I authorize a representative of The Lutheran Church of the Good Shepherd to make any and all arrangements that he/she considers necessary for this participant to receive medical/dental, hospital care, including necessary transportation. Under these circumstances, I further authorize the physician named on this form to undertake such care and treatment of my child, as he/she considers necessary. In the event this physician is not available at any time, I authorize such care and treatment to be performed by any licensed/accredited physician, surgeon, or dentist. I understand that I am responsible to pay all costs incurred as a result of this medical/dental/hospital care/transportation consent.

Physician's Name: _____ Phone # _____

Medical Insurance Name (Kaiser, etc.): _____

Medical Record #: _____

Dentist's Name: _____ Phone # _____

Medical Insurance Name (Delta Dental, etc.): _____

Medical Record # _____

___2. I do not choose the above statement and desire the following action to be taken:

THE INFORMATION IN #3 IS OPTIONAL AND GIVEN AT MY DISCRETION

___3. I want the following medical information about this participant to be known (life-threatening allergies/medical conditions/medications etc.). I understand that this medical information will be shared with the church staff and the adults involved with this activity:

If the representatives of The Lutheran Church of the Good Shepherd in charge deem it necessary to send my child home for disciplinary matters, I understand that I will be required to pick up my child from this activity.

MY SIGNATURE BELOW AUTHORIZES THIS PARTICIPANT TO ATTEND IMPACT PROGRAMS/EVENTS &
TO RECEIVE EMERGENCY CARE AS STATED ABOVE.

Parent/Guardian Signature

Date

Revised 10/05/09