

**Parental Consent, Certification and Medical Authorization For
Student Ministry Activities of Lutheran Church of the Good Shepherd**

As the parent or legal guardian of _____, I certify that I have been informed that, as a part of Lutheran Church of the Good Shepherd's Student Ministry in Sacramento, California, my child will be participating in a number of activities, which carry with them a certain degree of risk.

Please list any activities that you object to your child engaging in (i.e. swimming, skiing, hiking, etc.)

Specific Information:

Gender M/F

Students Name: _____ D.O.B. ____/____/____ Grade: ____

Parent/Guardians Name: _____ Contact Number _____

Address: _____ City _____ Zip _____

Parent/Guardians Name: _____ Contact Number _____

Address: _____ City _____ Zip _____

Health record:

1. Last Tetanus Shot ____/____/____

2. Check if youth has had: ___Heart Trouble ___Asthma ___Diabetes ___Heart trouble
___Epilepsy ___Other _____ Allergic to any Medication? _____

Any Additional Information that would assist a health care provider _____

Physicians Name: _____ Insurance Carrier _____

Subscriber/ Account Number: _____ Insurance phone Number _____

****Please attach a copy of your insurance card****

Medical Treatment Authorization:

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my teen. If the church cannot reach me, I authorize any Good Shepherd Lutheran Staff member to hire a doctor or other health care professional, and I give permission to the doctor or other health care professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses incurred.

I will notify the church if I feel there are any health considerations that would prevent my teen's in any physically strenuous activities. I also give permission for church leaders to restrict my teen from participating in any activity that they have any question about health for other reasons.

Signature: _____ Date: _____

Photo release:

I understand that the church may take pictures of my child, and I understand that the church may publish those pictures on their website or use them in videos shown in church.

Signature: _____ Date: _____

ADDITIONAL UNIQUE INFORMATION PERTAINING TO MY CHILD:

This form is valid until revoked by the parent/guardian who signed it. The parent/guardian is required to inform Lutheran Church of the Good Shepherd of any change in the information on this form.