

# St. Luke Lutheran Church Permission Slip and Medical Consent Form

I give my son/daughter, \_\_\_\_\_, permission to participate in the following St. Luke Lutheran Church event. I also authorize St. Luke volunteers to provide transportation to and from the event.

**Event:**

**Location:**

**Date:**

**Time:**

I hereby release St. Luke Lutheran Church from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of St. Luke Lutheran Church do consent to and authorize emergency medical, surgical, or dental treatment to be given to my son/daughter, \_\_\_\_\_, as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent or Guardian:

\_\_\_\_\_ (print name)

\_\_\_\_\_ (signature)

Date: \_\_\_\_\_

### ***Personal and Emergency Contact Information***

Address:

\_\_\_\_\_ (street)

\_\_\_\_\_ (city)

\_\_\_\_\_ (state)

\_\_\_\_\_ (zip code)

Phone Numbers:

\_\_\_\_\_ (home)

\_\_\_\_\_ (work)

\_\_\_\_\_ (cell/pager)

Emergency Contact:

\_\_\_\_\_ (name)

\_\_\_\_\_ (relationship)

\_\_\_\_\_ (phone)

### ***Medical and Insurance Information***

Family Physician:

\_\_\_\_\_ (name)

\_\_\_\_\_ (phone)

Health Insurance:

\_\_\_\_\_ (Company)

\_\_\_\_\_ (Policy Number)

\_\_\_\_\_ (Group Number)

\_\_\_\_\_ (Policy Holder's Name)

\_\_\_\_\_ (Customer Service Phone)

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Additional issues you wish us to be aware of: \_\_\_\_\_

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St. Luke Lutheran Church

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[www.stlukechurch.com](http://www.stlukechurch.com)