Shepherd's DOGs Registration, Medical Consent, and Activity Permission Slips for Minors

Child's Information:

Name: _____ Birth Date: _____ Gender: _____ Grade: _____

Address: _____ Baptism Date: _____

List only the parent's email(s) you want to receive weekly newsletter. Write legibly.

Family Information:

Member of Shepherd of the Hills? ☐ Yes, we are members. ☐ No, we are not currently members.

Child lives with (circle one): both mother father shared

Mother/Guardian's Name: _____ Place of Employment: _____

Address (☐ Same as above): _____

Home Phone: _____ Cell: _____ Work: _____

Father/Guardian's Name: _____ Place of Employment: _____

Address (☐ Same as above): _____

Home Phone: _____ Cell: _____ Work: _____

Emergency / Medical:

Emergency Contact (non-parent): _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Child's Physician: _____ Office Phone: _____

Health Insurance Company: _____ Group / Policy #: _____

Date of last Tetanus/Diphtheria Booster: _____ Major Illnesses: _____

Allergies (Drugs/Food): _____

Any Special Medications or Pertinent Information: _____

Additional Comments/Notes: _____

In signing this, I am also giving permission for (child's name) _____ to accompany the youth and adult chaperones of Shepherd of the Hills to all youth activities from September 2019 through August 2020.

This form will be presented to the attending physician if your child is in need of emergency medical treatment during one of our events.

I, the undersigned parent/legal guardian of (child's name) _____, in the event that I cannot be contacted through reasonable efforts, do hereby empower and grant to Shepherd of the Hills Lutheran Church and its agents, permission to consent to any medical or surgical diagnosis or treatment or hospital care for my above-named child.

This authorization applied to all youth activities sponsored by Shepherd of the Hills Lutheran Church for the period of time from September 2018 through August 2019. This consent may be revoked at any time by giving written notice to the Pastor.

Parent/Legal Guardian Signature _____ Date: ____/____/20____