

St. Lukes Participant Information and Permission Sheet

March 2009

Personal Information		
Child's Full name		
Birthday (MM/DD/YYYY)		Grade
Guardian's Name(s)		
Primary Address		
City, State, Zip		
Primary phone		
Mobile or cellular phone		
Primary e-mail address		
Medical Information		
In case of emergency, contact		
Emergency contact's address		
Emergency contact's phone		
Doctor's name		Phone
Medical insurance carrier		Policy Number
Blood type		Last Tetanus Shot
Known medical conditions		
Known allergies		
Current medications		
When transportation is needed, permission is given for the Director of Youth Ministries, Director of Children's Ministries or assigned responsible person to obtain such transportation including the following:	Name:	Phone:
<p>I am aware of the Risk Reduction/Safe Sanctuary Policy of St. Luke's United Methodist Church and agree to abide by the policy.</p> <p>I hereby certify that I am the legal guardian of the child above named and I hereby give permission for him/her to participate in all St. Luke's United Methodist Church activities.</p> <p>I also agree that in the event of an emergency where medical treatment is required, the staff or church sponsors may obtain appropriate treatment, if a reasonable attempt to notify me is unsuccessful.</p>		
Print your name		
Sign your name		
Date		