

Silverdale Lutheran Church
Vacation Bible School 2017
 Medical Information and Release Form – one form per child

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
()	()	()	()
Home Phone	Work/ Cell Phone	Home Phone	Work/ Cell Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
()	()
Home Phone	Work/ Cell Phone
Home Phone	Work/ Cell Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company **	Policy Number

Allergies / Reactions / Special Health Considerations / Dietary Restrictions & any other important information

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached by Silverdale Lutheran Advisors in the case of an emergency I agree to pay all medical costs involved in such emergency treatment

Parent's/Guardian's Signature	Date
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****PLEASE PROVIDE A COPY OF BOTH SIDES OF YOUR INSURANCE CARD.**