

West Middleton Lutheran Church
3763 Pioneer Road, Verona, WJ 53593 608-833-5815
Valid September 1, 2009-August 31, 2010

Name of Child _____

Birth Date _____ Grade _____ Male _____ Female _____ T-Shirt Size _____

Parent(s) _____ Home Phone _____

Cell Phone (Who?) _____ Cell Phone (Who?) _____

Address _____

During the activity, if parents are not available in the event of an emergency, notify:

Name _____ Phone _____

Relation to Child _____ Cell Phone _____

Health Insurance Co. _____ Phone _____

Policy number _____ Physician _____

Indicate any known health concerns/problems/ and precautions to take _____

List any allergies (including food, drugs, insect bites, etc.) _____

Medications we should know about (include name, dose, schedule) _____

PARENT AUTHORIZATION: I give permission for my child to participate in the activities of West Middleton Lutheran Church. In the event of a medical emergency, I understand every effort will be made to contact the parents/guardians of the youth. If I cannot be reached, I hereby give permission to the medical personnel selected to hospitalize and treat my child named on this form, as necessary.

West Middleton Lutheran Church will not be held liable for any accidents/treatment that may occur. As well as any costs should the child named above need medical care or to be sent home for inappropriate actions, such as use of alcohol, drugs, weapons/firearms, sexual misconduct or any other action that would endanger another.

Furthermore, I allow West Middleton Lutheran Church to use any pictures taken of my minor child in publicity, including, but not limited to: photo in newsletters, bulletin boards, fliers, www.wmlchurch.org, and any other publications/publicity of West Middleton Lutheran Church.

PARENT/GUARDIAN SIGNATURE

Signed _____ Date _____
(Parent or Guardian)

Please attach a copy of your insurance card, front and back.