



## 2018-2019 Medical History, Authorization to Treat, and Liability Release Form

*Good Shepherd Lutheran Church, Woodstock, GA*

*This form is to be completed at the beginning of each program year. It will accompany leaders and youth when traveling off-site. Please be sure information is as accurate as possible. **Parents are responsible for updating this information as it changes (i.e. changes to insurance, allergies, medical history, emergency contact information...)***

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Please list, in order, three persons that we can contact in the event of an emergency. We will call the first person listed first and continue down the list until we have made contact.

1. Name/relation to child \_\_\_\_\_ Phone \_\_\_\_\_
2. Name/relation to child \_\_\_\_\_ Phone \_\_\_\_\_
3. Name/relation to child \_\_\_\_\_ Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Insurance Company \_\_\_\_\_

***A copy of your child's insurance card (front and back) must accompany this form to be complete!***

### Past Medical History

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Kidney \_\_\_\_\_ Heart \_\_\_\_\_ Diabetes \_\_\_\_\_ Seizures \_\_\_\_\_ GI \_\_\_\_\_

If you checked asthma, please indicate triggers \_\_\_\_\_

If you checked asthma, will your child carry an inhaler? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you checked any of the others above, please explain

\_\_\_\_\_

Allergies: Foods \_\_\_\_\_ Medications \_\_\_\_\_

Insects \_\_\_\_\_ Poison Ivy, Oak or Sumac \_\_\_\_\_

If you checked any of the above, please indicate type of allergic reaction. \_\_\_\_\_

Does child carry an epi-pen? \_\_\_\_\_ Yes \_\_\_\_\_ No

***Continued on the back***

Past surgeries or serious illnesses (please list): \_\_\_\_\_  
\_\_\_\_\_

History of Childhood Diseases (check all applicable): Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_  
Whooping Cough \_\_\_\_\_

Date of last Tetanus shot or booster: \_\_\_\_\_

Is there anything else you would like for us to be aware of relative to your child's health or past medical history?

\_\_\_\_\_  
\_\_\_\_\_

Please check the over-the-counter medications that are acceptable for your child to take if he or she requests or as needed:

\_\_\_\_\_ Ibuprofen (Advil/Motrin/or generic)

\_\_\_\_\_ Acetaminophen (Tylenol or generic)

\_\_\_\_\_ Benadryl

\_\_\_\_\_ Pepto Bismol

\_\_\_\_\_ Tums

\_\_\_\_\_ Antihistamines for seasonal allergies (Zyrtec, Claritin, Allegra, ..., or generic equivalents)

## **Permission for Treatment**

The undersigned, as parent/legal guardian of above named child, authorizes Good Shepherd Lutheran Church staff and/or volunteers and the medical personnel they have selected to consent to any medical/hospital care deemed necessary. I consent to the release of this health history to the emergency room, hospital or doctor's office providing care. Good Shepherd will endeavor, but is not required, to communicate with me prior to treatment. The undersigned releases Good Shepherd and its designated leaders (staff and volunteer) from any liability and claims arising from any consent given in good faith and in connections with diagnosis or treatment. The undersigned certifies that he/she has full authority to sign this Release and Authorization.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date