



2021-2022 Medical History, Authorization for Treatment, 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: _____

If you have been vaccinated for COVID-19 please check here _____

Is there anything else you would like us to be aware of your child's wellbeing?

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)

Authorization 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 one has full authority to sign this Release and Authorization.

Printed Name

Signature

Date