Good Shepherd
Lutheran Church

2026-2027 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…) please fill out one per child.***

Name_____ Age_____ Birth Date_____

Address_____ _____
Zip

Please list, in order, two 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_____

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(if any): _____

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

Does child carry an epi-pen? __Yes __No _____

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 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)

Dose:

_____

Method administered (mouth, injection, inhaler, etc.)

_____ **Times to be given:**

_____

Date to discontinue medication:

Possible side effects, if any:

I authorize Good Shepherd Lutheran Church to assist my child in taking this medication. I understand that:

- **Medications sent in an unlabeled container will not be given.**
- **Written permission of the parent/guardian is required for the administration of all medications.**

Authorization to Give Medication

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse Good Shepherd Lutheran Church, its employees and volunteers, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned employees and volunteers from any liability, suite or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Parent/Guardian Signature Date_____

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, 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