

Messiah Lutheran Church Sports and Recreation Activity

Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth	<input type="checkbox"/> M <input type="checkbox"/> F	Sex
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Cell Phone	Home Phone	Cell Phone
Address	Address		
City, State, Zip Code	City, State, Zip Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Cell Phone	Cell Phone
Address	Address
City, State, Zip Code	City, State, Zip Code

Medical Information

Preexisting Medical Conditions	Medications needed due to preexisting conditions.
Allergies (including medication reactions)	Any other special needs for child
Primary Care Physician	Phone
Insurance Coverage for Child	
Policy Name and Number	Group Number

Medical Care Release (parent/guardian's signature is required for each item below to indicate parental consent)

In case of an emergency, I give Messiah Lutheran permission to:

Obtain Emergency Care	Signature of Parent/Guardian	Date
Administer First Aid	Signature of Parent/Guardian	Date
Use of Photographs in future advertisement	Signature of Parent/Guardian	Date