

HEALTH/EMERGENCY INFORMATION and PARENTAL CONSENT FORM

Confirmation Lock In – March 26-27, 2010

_____ Last Name _____ First Name _____ Birth Date _____

Address _____
_____ Street _____ City _____ State _____ Zip _____

_____ Name of Parent _____ Home Phone _____ Work Phone _____

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Do you have any health conditions (i.e. allergies, chronic conditions, etc.) that we ought to know prior to emergency treatment? NO YES (Please explain, including current medication)

Current Prescription Medications _____

Name of Family Physician _____ Office Phone () _____

Name of Health/Accident Insurance Carrier(s) and appropriate policy certificate numbers(s):

_____ Name of Carrier _____ Policy Number _____

I, We, (parents or guardians) authorize the participation of, and accept responsibility for the attendance of our son/daughter at the First Lutheran Confirmation Lock In as listed above.

Since the law requires that parental permission be obtained for most medical procedures on minors, I/We wish to give permission for medical staff to perform such diagnostic, therapeutic, and surgical procedures as they deem necessary for my son/daughter. I/We understand that my/our consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No operation will be performed, except in extreme emergency, without parents being contacted and fully informed and their consent obtained.

_____ Signature of Parent _____ Date _____

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