



ST. PAUL LUTHERAN CHURCH

701 SOUTH PLEASANT AVE. LODI, CA 95240 (209)368-2747 WWW.STPAULLODI.ORG

HEALTH & PARENTAL CONSENT FORM

CHILD'S NAME		DATE OF BIRTH		CHILD'S NAME		DATE OF BIRTH	
CHILD'S NAME		DATE OF BIRTH		CHILD'S NAME		DATE OF BIRTH	

PHYSICIAN _____ PHONE _____

ADDRESS _____

INSURANCE PROVIDER _____ PLAN/GROUP NUMBER _____

DENTIST _____ PHONE _____

ADDRESS _____

INSURANCE PROVIDER _____ PLAN/GROUP NUMBER _____

PLEASE LIST ANY HEALTH CONSIDERATIONS AND/OR ANY KNOWN ALLERGIES FOR YOUR CHILD(REN)

PARENT/GUARDIAN AUTHORIZATION: THIS HEALTH HISTORY IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEREBY GIVE PERMISSION TO ST. PAUL LUTHERAN CHURCH TO ACT ON MY BEHALF AND SEEK EMERGENCY MEDICAL TREATMENT INCLUDING ORDERING X-RAYS OR ROUTINE TESTS. I GIVE PERMISSION TO ST. PAUL TO ARRANGE NECESSARY RELATED TRANSPORTATION FOR MY CHILD. IN THE EVENT THAT I CAN NOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY ST. PAUL LUTHERAN TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE PERSON NAMED ABOVE.

SIGNATURE OF PARENT/GUARDIAN _____

PRINTED NAME _____ DATE _____

PHOTOGRAPHY AUTHORIZATION: I UNDERSTAND THAT MY CHILDREN MAY BE PHOTOGRAPHED AND THAT A PHOTOGRAPH CONTAINING THEIR IMAGE MAY BE USED FOR DISPLAY OR REPRODUCTION AT ST. PAUL LUTHERAN CHURCH OR ON THE CHURCH WEBSITE.

SIGNATURE OF PARENT/GUARDIAN _____

ARE YOU INTERESTED IN ANY OF THE FOLLOWING?

- MORE INFORMATION ABOUT ST. PAUL A VISIT FROM THE PASTOR BAPTISM/MEMBERSHIP