

# GRANARY EMERGENCY INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Clinic \_\_\_\_\_ Dr's. Name \_\_\_\_\_

Clinic Phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Please list:

Allergies (including food allergies) \_\_\_\_\_

Medications \_\_\_\_\_

Is there any physical activity that your son/daughter should NOT be doing at the retreat?

\_\_\_\_\_ Yes \_\_\_\_\_ No, please explain \_\_\_\_\_

To whom it may concern:

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We also hereby give permission for our child to ride in any vehicle designated by the adult to whose care the minor has been entrusted while attending and participating in activities sponsored by Lutheran Church of the Master.

Parents/Guardian Signature

Date