

FAITH LUTHERAN CHURCH – HEALTH & EMERGENCY FORM

Student's Last Name:	Student's First Name:	Student's Middle Name:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Birth Date (mm/dd/yy):	Student's Social Security Number:	
Mother's Name:	Home Phone:	Cell Phone:	
Place of Work:	Work Phone:	Extension/Cell Phone:	
Father's Name:	Home Phone:	Cell Phone:	
Place of Work:	Work Phone:	Extension/Cell Phone:	
Student's Address:	Apt. #	City	Zip Code
With whom does student live?			

LIST BELOW PERSONS AUTHORIZED TO CARE FOR CHILD IF PARENT/GUARDIAN CANNOT BE REACHED:

Name:	Address:	Phone:
Name:	Address:	Phone:
Physician's Name:	Phone:	Fax:
Dentist's Name:	Phone:	Fax:
Family Medical Insurance Company:	Phone:	
ID Number/Policy Number:		

ALLERGIES/REACTIONS & USUAL TREATMENT:

CURRENT PRESCRIPTION MEDICATION: (Name, Dosage, Frequency)

HEALTH PROBLEMS / OTHER CONDITIONS:

DOES THIS HEALTH PROBLEM REQUIRE SPECIAL CONSIDERATIONS? Yes No

If yes, list here: