



LIVING SAVIOUR LUTHERAN CHURCH

Health Form and Consent to Seek Treatment

Please print legibly in blue or black ink.
(To be filled out and notarized annually by parent, guardian, or adult participant.)
This information is confidential.

6817 Carmel Road
Charlotte, NC 28226
Phone: 704-542-3626
Fax: 704-544-1642
lslc@livingsaviourlc.org
www.lslc-elca.org

IDENTIFICATION

Name of participant _____ DOB _____ Age _____ Sex _____
If a minor
Name of parent/guardian _____
Relationship to participant _____
Home Telephone: (____) _____ Cell phone: (____) _____
Email: _____ Pager: (____) _____

Home address

_____ City _____ State _____ Zip _____

Business address

_____ City _____ State _____ Zip _____

Work Telephone Number: (____) _____ Email: _____

If person named above is not available in the event of an emergency, please notify:

Name _____ Relationship _____ Telephone (____) _____
Cell phone (____) _____

First and last name of pediatrician or family doctor

_____ Telephone _____

Address:

HEALTH HISTORY

Is the participant currently taking any medication for a long term condition? Yes / No

If yes, for what reason?

Are there any side effects that we should be made aware of?

Does the participant have any known allergies? Yes / No

If yes, allergy to:

_____ Medications: _____

Procedure for exposure: _____

Allergy to: _____ Medications: _____

Procedure for exposure: _____

Has the participant had surgery or any serious illnesses in the past year?

If yes, what type:

Please provide any other information the Church staff and volunteer leaders may need to know about you/your child:

INSURANCE INFORMATION

Insurance Carrier: _____ Name of Policy Holder/Subscriber _____
Policy Card Number _____ Subscriber ID: _____
Group Number: _____ Insurance Tel No.: (____) _____
Claims address: _____ City _____ State _____ Zip _____

CONSENT TO SEEK TREATMENT

(Sign in front of Notary)

I give permission for my daughter/son to participate in Living Saviour Lutheran Church’s (LSLC’s) programs. However, **in case of emergency**, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the staff and volunteers of Living Saviour Lutheran Church to assess my accident, illness, or injury that may have occurred to me/my child while participating in activities/trips. I also give them permission to seek medical treatment for me/my child if their assessment of the situation deems treatment/medical attention is necessary such as hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Signature Parent/Guardian (or participant if over 18): _____ Date: _____

Signature Parent/Guardian (or participant if over 18): _____ Date: _____

[NOTARY ACKNOWLEDGEMENT]

STATE OF NORTH CAROLINA

COUNTY OF MECKLENBURG

I, _____, a Notary Public of _____ County, State of North Carolina certify that _____ (the “Signatory”), appeared before me this day and that he/she, being authorized to do so, and acknowledged the execution of the foregoing instrument.

I certify that the Signatory personally appeared before me this day, and

(Check one of the following)

_____ (I have personal knowledge of the identity of the Signatory); **or**

_____ (I have seen satisfactory evidence of the Signatory’s identity, by a current state or federal identification with the Signatory’s photograph in the form of:

(Check one of the following)

___ a driver's license *or*

___ in the form of _____); **or**

_____ (a credible witness has sworn to the identity of the Signatory).

The Signatory acknowledged to me that he/she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated.

Witness my hand and official stamp or seal this _____ day of _____, 20____.

Notary Public

Print Name: _____

My Commission Expires: _____

([NOTARY SEAL])