

Health and Emergency Information
King of Kings Lutheran Church Youth Ministry

Last Name _____ First Name _____

Address _____

Home Phone Number _____ Birth Date _____ Grade _____

Father's Name _____ Work Phone Number _____

Cell Phone Number _____ Email _____

Mother's Name _____ Work Phone Number _____

Cell Phone Number _____ Email _____

Emergency:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Doctor _____ Phone # _____

Clinic Address _____

Hospital _____

Dentist _____ Phone # _____

Health Information:

1. Immunizations in the last 12 months: _____

2. Medication on a regular basis: _____

3. Health Conditions (for example: asthma, allergies (please specify), convulsive disorder, diabetes, heart murmur, known vision/hearing loss, etc.): _____

4. Any restrictions to your child's activities? _____ Yes _____ No _____

5. Injuries in the past 12 months? _____

Photo Consent

I give my permission for my child's picture to be used in any church related publicity.

_____ Yes _____ No

Parent/Guardian Signature

Parent/Guardian Signature