

ST. MATTHEW'S LUTHERAN CHURCH
12351 ALL SAINTS PLACE
WOODBIDGE, VA 22192
CONSENT FORM
FORM REQUIRED FOR EACH CHILD

Date: _____

In case of emergencies, I (we), in the event of my (our) unavailability, hereby authorize the Pastor and/or chaperones of St. Matthew's Lutheran Church to grant permission for any medical or surgical treatment, on behalf of my (our) child, _____.

This authorization covers the period from _____ to _____, inclusive.
Below, I have listed (1) all known allergies; (2) the date of the last tetanus shot; and (3) the name and telephone number of our family Physician and/or Pediatrician. Also I have listed below hereof (1) the name of my health insurance company; (2) its address; (3) the number of my policy or contract; (4) the name of the subscriber; and (5) the employer of the subscriber.

Further, the Pastor and chaperones of St. Matthew's Lutheran Church is hereby notified that my (our) child(ren) listed above has (have) my (our) permission to attend youth events and retreats with his/her classes or youth groups, subject to my (our) being informed in advance of the destination and activity.

_____ phone# _____ witness _____
parent signature

_____ phone # _____ witness _____
parent signature

List the names of two persons who could be called in an emergency, if parents cannot be reached:

_____ phone # _____

_____ phone # _____

Known allergies of:

Any known illnesses & routine medications

Date of last Tetanus shot: _____

Family Physician and/or Pediatrician:

Name: _____ phone# _____ Name _____ phone# _____

Health Insurance Company _____ Contract/Policy # _____

Address: _____

Name of subscriber: _____

Subscriber's employer: _____