



Medical Consent Form

Student's Full Name

Last

First

Middle

List any allergies this student may have _____

Does this student have any medical or health problems, and has this student had any chronic or recurring illness which would have an effect on the student's participation in activities? Yes No

If yes, describe the problems or illness _____

Are there any activities to be restricted for this student? Yes No

If yes, describe _____

Describe any dietary restrictions that this student is required to observe _____

Name of Insurance Carrier _____

Address _____

Policy/Group # _____ Phone (_____) _____

Name of Policy Holder _____

Doctor's Name _____ Phone (_____) _____

Dentist's Name _____ Phone (_____) _____

I/We hereby grant permission and authorize representatives of St. Luke's United Methodist Church to make emergency decisions on behalf of said minor in the event I/We the parents or legal guardians can not be contacted or located. I/We also agree that my insurance company will be used for such medical care and I/We are aware that I/We will be billed for any medical care not covered by my insurance.

Signature of Parent or Guardian

Date

Performance/Exhibit Information

Please print student name as you would like it to appear for recitals or art exhibits

First Name

Last Name

Parent Volunteer Opportunities

Our parents are an important resource in providing our outstanding programs. Please consider supporting this ministry of St. Luke's United Methodist Church through your gift of time and service by indicating your area of interest below.

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> School Ministry Team | <input type="checkbox"/> Publicity | <input type="checkbox"/> Grant-writing | <input type="checkbox"/> Student Recital Reception Volunteer |
| <input type="checkbox"/> Van Driver | <input type="checkbox"/> Set Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Classroom Assistant |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Other please describe _____ | | |