



2019-2020 St. Luke's Lutheran Church Medical Form

Effective Dates: September 1, 2019 - August 31, 2020

HOUSEHOLD INFORMATION

Name _____
 Primary Email _____
 Primary phone number _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN

Names: _____
 Phone: _____
 Email: _____
 Name of practice: _____
 Date of last Tetanus shot (required) _____

INSURANCE INFORMATION

Medical Insurance Company: _____
 Phone: _____
 Policy/Group ID#: _____
 Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card on the back side of this form.

MEDICATION:

List all medications for each child that will brought on any trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Children are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

Name of Child	Medication Name	Dose	Treatment for	Dispensing instructions
<i>Ex: Name</i>	<i>Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>One pill daily, morning with food</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

