



Bethlehem's Children's Medical Form 2021-2022

Sunday School is from 9:45-10:45am Sundays at Bethlehem 18865 SW Johnson! We meet in the double classroom, northeast of the pre-school. This form is for those in pre-3 through 5th grade- 6th grade on up need to fill out the Bethlehem youth medical form. We have classes for all ages! If you have a child younger than that we invite a parental type to join us for the day!

Child(ren) 's name(s) _____

Date(s) of Birth _____ Grade(s) in School 2021-22 _____

Allergies or other conditions we should be aware of (ADD, physical issues, etc.) _____

Parent or guardian's names _____

E-mail _____ Cell phone _____

Address _____

Med. Ins. Company _____ Policy #: _____

Dental Carrier: _____ Policy #: _____

Authorized persons to pick up my child: _____

Emergency Contact (Names and cell phone #s): _____

I give permission for my child's image to be used in promotional materials around the church and internet
Yes _____ No _____.

I, the undersigned parent or guardian, authorize emergency medical, dental, or hospital services to be given at the discretion of a Bethlehem Lutheran staff member or designated volunteer at my expense when needed while involved in activities connected with Bethlehem Lutheran Church's children's ministry, which may be off site, when I or my emergency contact is unavailable to give consent. This authorization is effective Sept. 2021-Aug. 2022. I agree not to hold Bethlehem, its leaders, employees, and volunteer staff liable for damages, losses, diseases, death, or injuries incurred by the subject of this form. In case of an emergency, we understand that we will be contacted as soon as possible. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

I do _____ I do not _____ (**initial**) give permission for adult chaperones to give my youth over the counter

Signature of Parent or Guardian _____ Date _____/_____/_____

If you have questions on any of this - contact Eric Oswald ericmoswald@gmail.com or 801-518-9411 for more details! Bring this form to the church office or class which begins Sept. 19th!