

# MAJ Health Form

## 2015

\_\_\_\_ Kids MAJ      \_\_\_\_ Teen MAJ

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone #: \_\_\_\_\_ Age: \_\_\_\_ Gender: M F  
Address: \_\_\_\_\_

### Emergency Contact Information

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Evening Phone #: \_\_\_\_\_

### Alternative Emergency Contact

Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Evening Phone #: \_\_\_\_\_

Allergies: Yes \_\_\_\_ No \_\_\_\_ If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

Medications: Yes \_\_\_\_ No \_\_\_\_ If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Other Health Information we should be aware of: Yes \_\_\_\_ No \_\_\_\_  
If Yes, please explain: \_\_\_\_\_

In case of accident or illness, permission is hereby granted to treat my child as required. I accept the responsibility for all costs thus incurred, and waive any claim against Amy Sauer or Mt. Olive Lutheran Church, for any and all causes which may arise in connection with the above. I also give permission for my child to be transported by an adult chaperone.

Parent or Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_