

MEDICAL INFORMATION FORM
for Transfiguration Lutheran Church activities
(Use a separate Medical Information Form for each child. Update yearly.)

Date updated: _____

Child/Youth Information:

Name _____ Birthdate _____

Complete Address _____

Youth Cell Phone _____ Youth E-mail _____

Parent/Guardian Information:

Parent/Guardian Name #1 _____

Complete Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Parent/Guardian Name #2 _____

Complete Address (if different from above) _____

Home Phone _____ Cell Phone _____

Work Phone _____ E-mail _____

Emergency Contact (other than parent/guardian):

Name _____

Home Phone _____ Cell Phone _____

Would you like to opt-in to receive updates from Transfiguration? Check all that apply.

- The TLC Weekly E-News. Children, Youth and Family updates via email.

Please check all that apply to you:

- I am a member at TLC. I am not a member at TLC.
 I am interested in becoming a member at TLC.

If you have questions regarding your registration information or about Children, Youth & Family Ministry at TLC, please visit www.tlcmn.org or contact Erica Larson at el Larson@tlcmn.com or 952-884-2364.

Medical Insurance:

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Doctor's Name _____ Phone _____

Health History:

Please include any and all necessary information regarding your child's health, including, but not limited to, allergies, medications, special needs, behavioral issues, etc. _____

Normal treatment of any allergic reactions _____

Current Medications _____

Date of last tetanus shot _____

Medical and Media Release

I give my child permission to attend and be transported to and from all church-sponsored events from September 1, 2023 – August 31, 2024. I understand that they must abide by the Covenant of conduct, and if that Covenant is broken, in any way, I may be asked to pick up my child. I understand that in case of emergency, every effort will be made to contact parents/guardians, or the emergency name listed above. If all are unreachable, I give my permission to the physician selected by TLC staff/leaders to provide ANY medical treatment deemed necessary by said physician. I hereby release TLC and its event organizers, officers, directors, agents, employees, volunteers and affiliated organizations from and against any and all liability arising out of, or in any way connected with my child's participation in TLC events.

By checking this line, I hereby give permission for my child, while attending TLC events, to be photographed or videotaped, and my child's image and voice may be used at a later date for newsletters or church-related marketing, including our website and social media accounts. If you have any questions, please contact the staff.

I ONLY give permission for photographs of my child to be displayed in the building at TLC.

Parent/Guardian _____ **Date** _____