

IMMANUEL LUTHERAN CHURCH

706 KNOB HILL AVENUE, REDONDO BEACH, CA 90277

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2018-2018 GENERAL REGISTRATION & MEDICAL RELEASE FORM

Parent(s) Name(s) _____

Home Address _____

City _____ Zip _____

Home Phone _____

Cell Phone _____

Work Phone (Mother) _____

Work Phone (Father) _____

E-mail _____

Sitter's Phone _____

1. Child's Name _____

Present Age _____ Grade in September _____

Birth Date _____

Baptized? Yes ___ No ___

Health Condition/Allergies _____

2. Child's Name _____

Present Age _____ Grade in September _____

Birth Date _____

Baptized? Yes ___ No ___

Health Condition/Allergies _____

School you attend _____

Do You Have Home Church? Yes ___ No ___

If yes, Name _____

Address _____

Emergency Contact (Other than Parents)

Name _____

Relationship _____

Phone _____

Who will be dropping off/picking up the child?

3. Child's Name _____

Present Age _____ Grade in September _____

Birth Date _____

Baptized? Yes ___ No ___

Health Condition/Allergies _____

4. Child's Name _____

Present Age _____ Grade in September _____

Birth Date _____

Baptized? Yes ___ No ___

Health Condition/Allergies _____

MEDICAL CONSENT AND RELEASE FORM

This form is good for All activities sponsored by Immanuel Lutheran Church
June 1, 2017 through June 30, 2018

Permission and authorization is hereby given by the undersigned parent(s)/legal guardian(s) to staff members (paid or volunteer) of Immanuel Lutheran Church of Redondo Beach, CA, to obtain and administer such medical aid or assistance as might be required in the event of illness or accident on the part of the minor child(ren) listed on this Medical Consent and Release Form while he/she/they are involved in any activity sponsored by Immanuel Lutheran Church, 706 Knob Hill Avenue, Redondo Beach, CA either on or off campus.

It is further understood that such permission and authorization includes the administration of such medicines or medical procedures as might be ordered by a duly licensed physician of the State of California. It is further understood that Immanuel Lutheran Church of Redondo Beach, CA, has no insurance covering such medical or hospital costs incurred for said child(ren) and therefore, any cost incurred for such treatment shall be the sole responsibility of the parent(s)/legal guardian(s).

In no event will Immanuel Lutheran Church of Redondo Beach, CA, its advisors, Pastor or staff, be held liable for any accident or illness, nor shall they be held liable for any first aid rendered, or treatment, drugs and medical or surgical procedures performed pursuant to this consent.

(At least one Custodial Parent of Legal Guardian must sign.)

Full Name of Child _____ Birth Date _____

Full Name of Child _____ Birth Date _____

Full Name of Child _____ Birth Date _____

Full Name of Child _____ Birth Date _____

Date _____ Home Phone _____

Father Print Name _____ Signature _____

Mother Print Name _____ Signature _____

Guardian(s) Print Name _____ Signature _____

Special Instructions Regarding Medical Treatment (Insurance Company, Medical Conditions, etc.)

 Photo Release (please print your initials)

I authorize photos to be taken of the children listed on this form during activities sponsored by Immanuel Lutheran Church. These photos will only be used by and for Immanuel Lutheran Church activities.

Parent/Guardian Name _____ Signature _____ Date _____

How did you hear about us? ILC Member Web-site Postcard Friends Other

***** Please fill out, sign and return original to the office *****