

**JAM INFORMATION FORM 2015-16**  
**ST. LUKE'S LUTHERAN CHURCH— 407-365-3408**

Student's Last Name:		Student's First Name:		School Student Attends:		Male Female		Birth Date (m/d/y):		Grade:
Mother's Name:			Home Phone:			Cell Phone:				
Place of Work:			Work Phone:			Extension/Cell Phone:				
Father's Name:			Home Phone:			Cell Phone:				
Place of Work:			Work Phone:			Extension/Cell Phone:				
Home Address:	Number & Street			Apt. #		City		Zip Code		
Email most commonly viewed:										
With whom does child live?									T—Shirt Size:	
<b>LIST BELOW PERSONS AUTHORIZED TO CARE FOR CHILD IF PARENT CANNOT BE REACHED:</b>										
Name:			Address:				Phone:			
Name:			Address:				Phone:			
Physician's Name:						Phone:				
<b>ALLERGIES/REACTIONS:</b>										
<b>HEALTH PROBLEMS/OTHER CONDITIONS:</b>										
<b>DOES THIS HEALTH PROBLEM REQUIRE SPECIAL CONSIDERATIONS?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>Do you have personal insurance coverage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No										

I grant and give permission for my child \_\_\_\_\_ to be transported on junior youth outings by Adult junior youth Ministry Leaders who are authorized by St. Luke's Lutheran Church.

I understand that the personal information provided regarding my child will be used in a confidential and professional manner, shared only with youth staff or chaperones as needed, for the purpose of meeting my child's health and educational needs. If this information is not to be shared, I will provide written notification stating this fact to the pastor or youth director.

In the event of serious accident or illness, I request the church to contact me. If I cannot be reached, the church may make whatever arrangements are necessary to provide emergency care and treatment for my child. This may include conveyance to and treatment at a hospital or other medical facility. I will assume responsibility of payment for services rendered.

I grant permission for any and all photographs and videotapes of my child to be used in the church publications. If I do not want any pictures of my child published in church publications, I will submit a written request to St. Luke's.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_