Student Information

Child's name: Age or 2012-2013 grade placement:

Father's name: Email address:

Home phone: Work phone: Cell phone:

Mailing address:

Mother's name: Email address:

Home phone: Work phone: Cell phone:

Mailing address:

Name of current Church: Denomination:

Is the student baptized? Date of baptism: Church:

_____ We do not have a church membership. _____ We do not have a church membership and would welcome a call from the Pastor.

Pick-up & Emergency Contact

The following people are authorized to pick up my children:

Emergency contact (not living with you):

Phone number: Relationship:

Medical Information

I hereby authorize Lakewood Lutheran School, as our agent, execute appropriate consent documents and/or give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington for our children on this application form when such treatment is deemed necessary.

Such consent shall include, but is not limited to, administration of necessary anesthetics, medical treatment, test, x-ray examination, transfusions, injections of drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his or her discretion in authorizing the disposal of any severed tissue or members.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, to provide the agent and my child's attending physician the authority to exercise, in their best judgment, what they deem necessary.

Student's name:

Family physician: Phone:

Drug allergies: Food allergies: Medications:

Insurance Co: Policy holder: Policy number:

I understand that I am financially responsible for the medical care for the above named child. I further agree to pay all collection fees, collections cost, court cost and attorney fees in the event that legal action shall be instituted to collect all or any portion of the hospital's charges for medical care and services provided to the patient.

Father's signature: Date:

Mother's signature: Date:

Legal guardian's signature: Date:

Witness' signature: Date:

Lakewood Lutheran Church – VBS Registration Form

10202 – 112th St. SW, Lakewood, WA 98499 Church Ph: (253) 584-4615 School Ph: (253) 584-6024

Updated July 2007