



Youth Medical Form

Triumphant Lutheran Church
 21315 Bat Cave Rd.
 San Antonio, TX 78266
 210-651-9090



Child's Name (Last)	(First)	(Middle)
Parent/Guardian Name (Last)	(First)	(Middle)
Address	City	State Zip Code
Primary Phone ()	Secondary Phone ()	Youth Cell Phone ()
In case of emergency, notify parent or guardian	Relationship to minor	Emergency Contact Phone Number ()
Medical/Health Insurance Company	Insurance Policy No.	
Address	City	State Zip Code
Allergies / Allergic reactions for minor		
Medicine being taken by minor		
Other information that a doctor should know		

As the parent or legal guardian of my child, _____, Child's name,

I hereby consent for my child to receive any necessary medical treatment during all activities of Triumphant Lutheran Church for the year **2011**.

Print Name	
Signature	Date