

**SONSHINE MUSIC FESTIVAL**  
**MEDICAL FORM**  
**July 15-19,2009**

THIS FORM MUST BE BROUGHT WITH YOU TO ATTEND

Student Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_

Grade: \_\_\_\_\_ Date of Last Tetnus shot: \_\_\_\_\_ Paid: \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address (complete) \_\_\_\_\_

Parent Emergency phone# \_\_\_\_\_ Cell # \_\_\_\_\_  
(where you may be reached)

Youth email \_\_\_\_\_ Parent email \_\_\_\_\_

Emergency Contact: (contact if parent unavailable): Name/Relationship \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Any known allergies/health conditions/activity limitations? \_\_\_\_\_

Any medications your child will bring on the trip \_\_\_\_\_

Group Leaders have my permission to give my child non-prescription drugs (i.e. Tylenol) \_\_\_ Yes \_\_\_ No

Medical Insurance Company/Health plan \_\_\_\_\_

Health Insurance Address: \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

I give permission for my child to accompany Woodbury Lutheran Church on the Sonshine Music Festival July 15-19, 2009. I agree to hold Woodbury Lutheran Church, it's agents and or other agencies involved guiltless in the event of accident or injury to my child. I authorize the church & /or it's agents to order necessary medical care and treatment. I understand that I will be contacted as soon as possible in the event of an emergency. I have also read and agreed to the following information.

Parent's  
Signature \_\_\_\_\_ Date \_\_\_\_\_