



***Good Shepherd Lutheran
Church and School***

4770 Orange Grove Blvd.
North Fort Myers, FL 33903
239-995-7711
www.goodshepofnfm.com
Robert Davis, Pastor
pastordavis@goodshepofnfm.com

STUDENT MEDICAL INFORMATION

Child's Name: _____ Age: _____ Grade: _____

Social Security Number: _____ Date of Birth: _____

Medical Conditions or Medications taken: _____

Parent/Guardian Name: _____ Relationship: _____

Cell / Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Relationship: _____

Cell / Home Phone: _____ Work Phone: _____

Street Address: _____ City: _____ Zip: _____

Name of Child's Physician: _____ Phone: _____

Name of Child's Dentist: _____ Phone: _____

Medical Hospital Preference: _____

Health Insurance Company: _____ Policy#: _____

Policyholder: _____



STUDENT MEDICAL RELEASE

Should my child _____ become ill or suffer an accident of any character while he/she is in the care of Good Shepherd Lutheran School, I understand that the staff shall undertake measures to contact me immediately. In the event I cannot be reached Good Shepherd Lutheran School Staff shall be authorized to secure consent to such medical treatment and services for my child as may be deemed necessary. I acknowledge that I will be responsible for any cost incurred due to sickness or injury to my son/daughter. I hereby waive any claim and forever and all actions, claims, and demands which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might occur while on or off the premises of Good Shepherd Lutheran Church and School. I am the parent/legal guardian of the above-named child, and I am over eighteen (18) years of age and legally competent to execute this waiver of claims.

Signature of Parent of Guardian Print name Date

STATE OF FLORIDA COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

Personally know _____ or produced identification _____

Type of Identification _____

Notary Name: _____ Commission Expires _____



Student Records Request

Date: _____ Attention: _____ School: _____

Student: _____ DOB _____

Grade when withdrawn: _____

This document is an official authorization given by the parent or legal guardian of the student whose name appears above for release of the school records listed below. The undersigned authorize you to send Good Shepherd Lutheran School the following documents.

- Official Transcripts
- Most recent report card
- Standardized test scores
- Records of physical problems
- Health and Immunization Forms
- Discipline Records
- IEP – if applicable
- 504 – if applicable

Signature of Parent or Legal Guardian

Date

Parent or Legal Guardian Name (please print)



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Publicity Information Release

Photo Release I authorize my child's participation in classroom photographs. These classroom photographs will be used to create displays for the classroom and hallways that illustrate the facility's curriculum and children's daily activities. These photos may also be published on the Good Shepherd Lutheran Church and School website and/or Facebook page.

Parent/Guardian Signature: _____ Date: _____

Publicity Release I authorize my child's participation in any media events that take place at the facility or on the grounds. I understand that this may include video footage, photographs, or written quotations of my child. I understand that the facility will post these events for parent's knowledge and will do so prior to their occurrence whenever possible.

Parent/Guardian Signature: _____ Date: _____