

Medical Release Form

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for _____, every attempt will be made to contact me. If I am unavailable, I grant those in charge of this event permission to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency treatment. We release and discharge the Gloria Dei Lutheran Church in this event from any liability whatsoever in exercising this permission.

Signature of Legal Parent or Guardian: _____

Date: _____

Parent or legal guardian: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Emergency contact (other than parent or guardian): _____

Daytime phone: _____ Evening phone: _____

Relationship to student: _____

Physician name: _____

Physician phone: _____

Insurance company: _____ Policy number: _____

MEDICAL INFORMATION:

Date of last tetanus shot: _____

Allergies, including drug allergies (please print): _____

Current medication with instructions for use and other pertinent medical information: _____

Vegetarian, or any special dietary needs: _____

Anything else the leaders should know? _____

Please note: The above information is confidential and will not be released except in case of emergency.