

EMERGENCY MEDICAL RELEASE FORM

Name _____
(Last) (First) (Middle Initial)

Address _____
(Street) (City) (State) (Zip)

Phone #: Home(____) _____

Male:___ Female:___ Age:___

Parent's name (if under age 21): _____

Home email address: _____

Mom's Cell () _____ E-mail: _____

Dad's Cell () _____ E-mail: _____

Mom's Work () _____

Dad's Work () _____

Emergency and Health Information: (To be completed by all participants):

General: Do you have: (if "yes" – explain)

___Yes ___No Allergies?

___Yes ___No Asthma?

___Yes ___No Heart condition?

___Yes ___No Other?

Are you subject to: (if "yes" – explain)

___Yes ___No Fainting?

___Yes ___No Sleep walking?

___Yes ___No Upset stomach?

___Yes ___No Other?

Do you have reaction to: (if "yes" – explain)

___Yes ___No Bee Sting?

___Yes ___No Penicilin?

___Yes ___No Other drugs?

___Yes ___No Other?

___Yes ___No Do you have any condition that prevents you from participating in any activities? Please list:

___Yes ___No Are you diabetic?

___Yes ___No Do you have any sight or hearing impairment?

___Yes ___No Do you wear contact lenses?

Date of last tetanus shot: _____

PLEASE COMPLETE REVERSE SIDE

Emergency Information: MUST BE INCLUDED

Health Insurance: _____ Policy #: _____

Name of another person to contact: _____ (__ friend __ relative)

Address: _____

Telephone:(home) _____ (work) _____

Family doctor's name: _____

Doctor's office phone: _____

Today's Date _____

The undersigned does hereby give permisison for my (our) child, _____
to attend and participate in activities sponsored by **Community Lutheran Church**.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any *physician* or *dentist* licensed under the provision of the *Medical Practice Act* on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree (s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Community Lutheran Church.

It is my (our) expectation that I (we) will be contacted as soon as possible in the event of injury to my (our) child.

Participant Signature: _____

Parent/Legal Guardian: _____