

Please attach a copy of your insurance card.

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 Grace Lutheran Church and/or its representatives involved in this event from any liability whatsoever in exercising this permission.

Signature of Parent or Legal Guardian: _____

Date: _____

Parent or legal guardian: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Emergency contact (other than parent or guardian): _____

Daytime phone: _____ Evening phone: _____

Relationship to young person: _____

Physician Name: _____ 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: _____

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