



EMERGENCY MEDICAL RELEASE FORM

PARTICIPANT NAME: _____
(Last) (First) (Middle Initial)

BIRTH DATE: ____/____/____ AGE: ____ GRADE: ____ GENDER: ____

ADDRESS: _____
(Street)

(City) (State) (Zip)

GUARDIAN NAME (if participant is under 21): _____

RELATIONSHIP TO PARTICIPANT: _____

EMERGENCY CONTACT (If different than above) _____

CONTACT #: _____

IS THIS HOME OR CELL? _____

RELATIONSHIP TO PARTICIPANT: _____

Emergency and Health Information:

Do you have any of the following? (If "yes", please explain)

ALLERGIES? ____ YES ____ NO /

ASTHMA? ____ YES ____ NO /

HEART CONDITION? ____ YES ____ NO /

OTHER? ____ YES ____ NO /

Do you have a reaction to:

BEE STING? ____ YES ____ NO /

PENICILLIN OR OTHER MEDICATIONS ____ YES ____ NO /

OTHER? ____ YES ____ NO /

Is participant subject to: (If "yes", please explain)

FAINTING? ____ YES ____ NO /

SLEEP WALKING? ____ YES ____ NO /

UPSET STOMACH? ____ YES ____ NO /

OTHER? ____ YES ____ NO /

ARE YOU DIABETIC? ____ YES ____ NO /

DO YOU HAVE ANY CONDITION THAT PREVENTS YOU FROM PARTICIPATING IN ANY ACTIVITIES? PLEASE SHARE:

MEDICAL HEALTH INSURANCE: _____ Policy #: _____

NAME OF ANOTHER PERSON TO CONTACT: _____

RELATIONSHIP TO PARTICIPANT: _____

PHONE NUMBER: (CELL) _____

TODAY'S DATE: ____/____/____

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

I 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 advice 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 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 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 expectation that I will be contacted as soon as possible in the event of injury to my child.

Participant name: _____

Guardian's Printed Name: _____

Guardian's Signature: _____