



Medical/Liability 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 & the ELCA in this event from any liability whatsoever in exercising this permission.

Legal Name of Youth: _____

Parent or Legal Guardian: _____ Date: _____

CONTACT INFORMATION:

Home Address: _____

Parent's Cell Phone: _____ Home Phone: _____

Emergency Contact (other than parent): _____ Relationship to Student: _____

Cell Phone: _____ Home Phone: _____

MEDICAL INFORMATION:

Physician Name: _____ Physician Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Medical Insurance Phone: _____

Date of last tetanus shot: _____

Allergies, including drug allergies: _____

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.