

# Medical Release Form

## Permission Slip

(I), (We), (parents, grandparents, guardians) of \_\_\_\_\_ do hereby give permission for my child to participate in activities sponsored by Trinity Lutheran Church from September 1, 2019 to June 30, 2020.

(I), (We), authorize Trinity Lutheran Church, as agents of the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of Medical Practice Act or the medical staff of a licensed hospital, whether such a diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that in no way will Trinity Lutheran Church, its officers, or leaders be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

Mother, Father, or Legal Guardian	home phone #	cell #
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Mother, Father, or Legal Guardian	home phone #	cell #
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### Youth Information

Street Address	City	State	Zip Code
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Birthday \_\_\_\_\_

Food Allergies \_\_\_\_ no, \_\_\_\_ yes, \_\_\_\_\_

Any activity restriction? \_\_\_\_ no, \_\_\_\_ yes, \_\_\_\_\_

List any medications presently taken \_\_\_\_\_

What was the date of the last tetanus shot? \_\_\_\_\_

Family Physician \_\_\_\_\_ phone # \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ phone # \_\_\_\_\_

Group # \_\_\_\_\_ phone # \_\_\_\_\_

Hospital for emergency treatment if parents or guardian are not available

If parents are unavailable, please contact

Name	Relationship	Phone #
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