



# 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.**