



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 in this event from any liability whatsoever in exercising this permission.

Legal Name of Youth: _____ Date of Birth: _____

Parent or Legal Guardian: _____ Date: _____

CONTACT INFORMATION:

Home Address: _____

Parent #1 Phone: _____ Parent #2 Phone: _____

Emergency Contact (other than parent): _____

Relationship to Student: _____ Cell Phone: _____

MEDICAL INFORMATION:

Physician Name: _____ Physician Phone: _____

Medical Insurance Company: _____

Policy Number: _____ Insurance Phone: _____

Tetanus shot in last 10 years: Yes No

Allergies, including drug allergies:

Current medication with instructions for use and other pertinent medical information:

Dietary Needs:

Anything else the leaders should know?

Photo Release: Gloria Dei may use photos of your child in publications both print and digital.

Please sign here if you DO NOT want your child in pictures: _____

Please note: The above information is confidential and will not be released except in an emergency.

Gloria Dei Lutheran Church 1515 Harrison Avenue NW Olympia, WA 98502 (360) 357-3386