

Zion Lutheran Church Youth Medical Release Form

Instructions for the Medical Form.

This form is only for the rare case where your child would be badly hurt and we can not get in touch with you. It will also serve as a reference to your child's insurance information. This form will stay on file at the church and be used at any away events. In the future, if any information needs to be added or changed, it is your responsibility to make sure the form is updated.

As the guardian for _____ born on ____/____/____, I authorize administration of anesthesia & surgical treatment for the child *if I am unable to be contacted*. This authorization extends to any hospital, physician, and nursing personal. I release from medical responsibility and liability Zion Lutheran Church (Appleton, WI), the hospital, medical authorities and physicians performing medical procedures which are necessary.

Parent's name printed: _____ relation: _____

home phone: (_____) _____ work phone: (_____) _____

address (street, city, state, zip): _____

2ND guardian: _____ relation: _____

home phone:(_____) _____ work phone: (_____) _____

Doctor's name: _____ office: _____ phone:(____) _____

Dentist's name: _____ office: _____ phone:(____) _____

insurance company: _____ policy number: _____

allergies or special medical conditions: _____

The above is accurate to the best of my knowledge. I will notify the church of any changes or injuries not listed here.

guardian signature: _____

youth signature: _____

Date: _____

Other adult signature: _____