

Medical Release Form



General Information

Name of Student: _____

Date of Birth: _____ Age & Grade: _____

Name of Parents/Guardians: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____

Emergency Contact:

Name of Emergency Contact (*other than parents*): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell: _____ Relationship to student _____

Insurance Information:

Name of Insurance Company: _____

Policy # _____

Insured's Name? _____ Date of Birth _____

Family Doctor _____ Phone Number _____

Health History

Pre-existing or present medical conditions: _____

Medication(s) currently taking: _____

Allergies? (*food, environmental, medicine, etc*): _____

Any activity restrictions? YES NO

If yes, explain: _____

Special concerns? _____

- I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or an injection, anesthesia, or surgery to my child as deemed necessary.
- I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.
- I understand all reasonable safety precautions will be taken at all times by Rejoice Lutheran Church and its agents during the events and activities. I understand the possibility of risk. I agree not to hold Rejoice Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form.
- I attest, as the legal guardian of the above-named child, that the information provided above is true and complete.

Parent/Legal Guardian Signature

Date