



## 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 # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_ 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**