

TRINITY LUTHERAN CHURCH

206 E. Badger Street, Waupaca, WI 54981

YOUTH MEDICAL RELEASE AND CONSENT FORM

(Each participant must complete this form)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

NAME OF PARENT(S)/GUARDIAN(S): _____

NAME OF PHYSICIAN: _____ PHONE _____

NAME OF DENTIST: _____ PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ PHONE: _____

(Please photocopy insurance cards and include with this form)

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (LIST NAME AND DOSAGE):

HEALTH HISTORY: (MAJOR ILLNESSES, LAST TETANUS SHOT, ALLERGIES, ETC.)

FATHER EMPLOYED AT: _____ PHONE: _____

MOTHER EMPLOYED AT: _____ PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____

RELATIONSHIP TO PARTICIPANT: _____

Dear Parent or Guardian:
This form will be presented to the attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance card.

Parent/Guardian (name) _____ "I hereby authorize the treatment, administration of anesthesia and surgical treatment for my child (name) _____ in the event of a medical emergency occurring during my absence or when hospital or medical personnel can not contact me. This authorization extends to all medical facilities and personnel regardless of setting, in or out of a medical facility, in the treatment of my minor child."

Signature of Parent/Guardian _____ Date: _____
Signature of Witness _____ Date: _____

07/27/2009



RELEASE of LIABILITY

In exchange for participate in the activity/event of _____
organized by Trinity Lutheran Church, from the date(s) of: _____
agree for myself and (if applicable) for the members of my family to the
following.

I recognize that there are certain inherent risks associated with the above
described activity and I assume full responsibility for personal injury to
myself and (if applicable) my family members, and further release and
discharge Trinity Lutheran Church for injury, loss or damage arising out of
my or my family's use of or presence upon the activity/event fore-
mentioned, whether caused by myself, my family, Trinity Lutheran Church
or other third parties.

Student Signature _____

Parent (Guardian): print _____

Parent (Guardian): signature _____

Date: _____