

MEDICAL RELEASE FORM

Name _____ Date _____

Address _____

Birth Date _____ Home Phone # _____

Parent / Guardian's Name _____ Work Phone # _____

Work Address _____

*In the event that parent cannot be reached, who should be contacted in an emergency?

Name _____ Relationship _____ Phone # _____

**In the event that a parent / guardian or emergency contact cannot be reached, the adult advisors of Trinity Lutheran Church have my permission to take appropriate emergency medical action for my son or daughter, listed above.

Signature of Parent or Guardian _____ **Date** _____

Any known allergies

Medical Problems

Special Instructions and Current Medications

INSURANCE VERIFICATION

My son/daughter is adequately covered with accident and medical insurance under policies I already carry. The following information is the correct information to be used, if medical treatment for my son/daughter is necessary.

Insurance Company _____

Claims Address _____

Name of Company or Individual Providing Insurance _____

Policy Number (include Member and Group Number If Applicable)

Social Security Number of the Person Whose Name the Insurance is Filed Under:

Signature of Parent or Guardian _____ **Date** _____