Trinity Lutheran Church **1826 Killian Hill Road, Lilburn, GA. 30047** **770-972-4418**

MEDICAL RELEASE FORM

Name _____

Address _____

Birth Date _____ Home Phone # _____

Emergency Contact Name _____ Relationship: _____

Phone # _____

****

Any known allergies:

_____

_____

Medical Problems:

_____

_____

Special Instructions and Current Medications:

_____

_____

INSURANCE VERIFICATION

The following information is the correct information to be used, if medical treatment for me is necessary.

Insurance Company _____

Claims Address _____

Name of Company or Individual Providing Insurance _____

Policy Number (include Member and Group Number If Applicable)

_____

Signature _____ **Date** _____