

MEDICAL RELEASE FORM

Name _____ School Year _____

Address _____

Birth Date _____ Home Phone # _____

Parent / Guardian's Name _____ Relationship _____

Work Phone # _____ Cell Phone # _____

In the event that the above listed Parent / Guardian cannot be reached, who should be contacted in an emergency?

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

In the event that the above listed Parent / Guardian or emergency contact cannot be reached, the adult advisors of Epiphany Lutheran Church have my permission to take appropriate emergency medical action for my son or daughter, listed above.

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

INSURANCE VERIFICATION

My son/daughter is adequately covered with accident and medical policies I already carry. The following information is the correct information to be used if medical treatment for my son / daughter is necessary. (Complete fully or attach copy of front and back of card)

Primary Holder Name _____ ID Number _____

Insurance Company _____

Claims Address _____

Customer Service Phone Number _____

Name of Employer or Individual providing insurance _____

Policy Number (include Member and Group Numbers) _____

Any Known Allergies _____

Medical Problems _____

Current Medications and Special Instructions _____

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