

ST ANDREW LUTHERAN CHURCH YOUTH MEDICAL RELEASE

In the event of an emergency, or if medical or surgical care becomes necessary for my child this form signifies my consent as parent or legal guardian to the authorized representatives of St Andrew Lutheran Church* to grant permission and authorize medical attention as recommended by a licensed physician. I understand that every effort will be made to contact me during such time when consent is being given.

I agree to take responsibility for all medical costs involved in such treatment. I release and hold St Andrew Lutheran Church and its representatives innocent of any liability in exercising this consent. I realize that St Andrew Lutheran Church will take all precautions for safety. Any changes in the following information must be reported to St Andrew Lutheran Church each program year.

Youth's full name: _____

Date of birth: _____ Date of last tetanus immunization: _____

Chronic illness: _____

Current/frequent prescriptions: _____

Drug allergies: _____

Food allergies: _____

Doctor: _____ Phone Number: _____

Preferred hospital: _____

(We will transport to the nearest hospital to our activity. No guarantee of a specific hospital can be made)

Health insurance company: _____

Group number; ID or Policy number: _____

Name of Parent(s)/Guardian(s): _____

Address: _____ City/Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Other names or telephone numbers to try, in order of likelihood: _____

Signature of parent(s)/Legal Guardian(s): _____

Date: _____

* Authorized representatives of St Andrew Lutheran Church include paid and volunteer adults including the Youth Shepherd, Pastors, and any adult volunteer over the age of 18 years.

