Community Lutheran
CHURCH AND PRESCHOOL

EMERGENCY MEDICAL RELEASE FORM

PARTICIPANT NAME: _____
(Last) (First) (Middle Initial)
BIRTH DATE: _____/_____/_____ GENDER: _____

ADDRESS: _____
(Street)

_____ _____ _____
(City) (State) (Zip)

EMERGENCY CONTACT: _____

CONTACT #: _____

RELATIONSHIP TO PARTICIPANT: _____

2nd EMERGENCY CONTACT: _____

CONTACT #: _____

RELATIONSHIP TO PARTICIPANT: _____

Emergency and Health Information:

Do you have any of the following? (If "yes", please explain or list out)

ALLERGIES NO ____ YES ____ / _____
ASTHMA? NO ____ YES ____ / _____
HEART CONDITION? NO ____ YES ____ / _____
DIABETIC? NO ____ YES ____ / _____
OTHER? NO ____ YES ____ / _____

Do you have a reaction to any of the following? (If "yes", please explain or list out)

BEE STING? NO ____ YES ____ / _____
NUTS? NO ____ YES ____ / _____
ANY MEDICATIONS? NO ____ YES ____ / _____
OTHER? NO ____ YES ____ / _____

Is participant subject to: (If "yes", please explain or list out)

FAITING? NO ____ YES ____ / _____
MOTION SICKNESS? NO ____ YES ____ / _____

Does participant have any dietary restrictions?

DO YOU HAVE ANY CONDITION THAT PREVENTS YOU FROM PARTICIPATING IN ANY ACTIVITIES? PLEASE SHARE:

ARE YOU CURRENTLY TAKING ANY MEDICATION? NO ____ YES ____ /

DOSAGE: _____ FREQUENCY: _____

LAST TETNUS SHOT: _____/_____/_____

MEDICAL HEALTH INSURANCE: _____

POLICY #: _____

TODAY'S DATE: _____/_____/_____

REVISION DATES:

_____/_____/_____ , _____/_____/_____ , _____/_____/_____

The undersigned herby gives permission for my child, _____ to attend and participate in activities sponsored by **Community Lutheran Church.**

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-RAY, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any *physician* or *dentist* licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child in accordance with this authorization.

Should it be necessary for my child to return home due to medical or other reasons, the undersigned shall assume all transportation costs.

The undersigned also hereby gives permission for my child to ride in any vehicle designated by the adult whose care the minor has been entrusted while attending and participating in activities sponsored by Community Lutheran Church. I understand that participating in activities involving vehicle transportation may involve risks, including but not limited to injury, accident, or death. I voluntarily assume all risks associated with such activities, regardless of the cause. I hereby release, waive, discharge, and hold harmless the driver of the vehicle, any passengers, the vehicle owner, and any affiliated parties from any and all liability, claims, demands, or causes of action arising out of or in connection with any accident, injury, or harm that may occur while being transported.

I have read this Waiver, fully understand its terms, and signed it freely and voluntarily. I agree that this Waiver shall be binding upon me, my heirs, legal representatives, and assigns.

It is my desire and expectation that I will be contacted as soon as possible in the event of injury to my child.

Participant name: _____

Guardian's Printed Name: _____

Guardian's Signature: _____