



**ST. JOHN'S LUTHERAN CHURCH**  
**CHILDREN'S & YOUTH MINISTRIES MEDICAL RELEASE**  
**[2016-2017]**

**CHILD/YOUTH INFORMATION**

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Name (First Middle Last) \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Hm Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian (2) \_\_\_\_\_ Hm Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**IN CASE OF EMERGENCY**

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Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ ID# \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Concerns (allergies, medication, etc.):

Please Select One:

- When a parent or guardian cannot be contacted, I authorize an agent of St. John's Lutheran Church (teacher/staff member) to make arrangements for my child to receive medical/hospital care including necessary transportation, in accordance with their best judgment. I agree to pay all costs as a result of the emergency that are not covered by my insurance.
- I do not choose the above statement and leave the following alternative action in the event of an emergency:

**CHILD SAFETY INSTRUCTIONS**

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I authorize the following people to pick-up my child:

The following person/people absolutely may not pick-up my child:

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_