



**ST. JOHN'S LUTHERAN CHURCH
CHILDREN'S & YOUTH MINISTRIES MEDICAL RELEASE
[2017-2018]**

CHILD/YOUTH INFORMATION

Name (First Middle Last) _____ Birthdate _____ Grade _____

Address _____ City _____ State _____ ZIP _____

Parent/Guardian (1) _____ Hm Phone _____

Cell Phone _____ Email _____

Parent/Guardian (2) _____ Hm Phone _____

Cell Phone _____ Email _____

IN CASE OF EMERGENCY

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

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

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

Parent/Guardian Signature _____ Date _____