

Easter Lutheran Church Medical Information/Release Form

Event Name**Dates of Event**_____
Participant Name_____
Age_____
Grade in School)_____
Address (Street)_____
(City)_____
(State & Zip Code)_____
Parent/Guardian Name (if participant is a student or under 18)_____
(City)_____
(State & Zip Code)**Emergency Contact Information** - please list primary contact first_____
(1) Name/Relationship to Participant() _____
Home Phone() _____
Work Phone() _____
Cell Phone_____
(2) Name/Relationship to Participant() _____
Home Phone() _____
Work Phone() _____
Cell Phone**Medical Information**_____
Medical Insurer_____
Subscriber/Policy #_____
Policy Holder's Name and Phone Number_____
Known Allergies_____
Date of tetanus shot_____
Yes / No
Carries Epi pen_____
Medications (include medication name, how often taken, and reason for taking)_____
Other medical or behavioral concerns, conditions or recent surgery**Permission/Consent for Treatment**

I understand that it may be necessary for Easter Church staff or adult leaders to seek medical care for the above-named participant before an emergency contact can be reached.

In case of minor illness or injury, I give permission for Easter Church staff or adult chaperones to administer necessary treatment or first aid to the above-named participant.

Event leaders have permission to administer any medications listed above, following policy required by any partner organization also engaged in delivering this event.

In the event of illness or injury to the above-named participant, I give permission for Easter Church staff or adult leaders to seek medical assistance. I further authorize any licensed physician, medical facility or trained emergency technician to administer emergency or surgical care. A photocopy of this information will be as valid as the original.

Liability Release

The above-named participant has my permission to participate in the Easter Lutheran Church event named above.

I understand there are inherent risks in participation. I hereby waive all liability and agree to release and hold harmless Easter Lutheran Church, its employees, officers, and volunteers in the event of injury, loss or damage to person or property that may occur during the course of participant involvement with the above-named event.

I have read and voluntarily sign this release. I further attest that all information provided is accurate at this date.

Signature of Parent/Guardian (or participant if he/she is responsible for insurance coverage)_____
Date_____
Please Print Name as Signed Above

ver. 2/09