

ADULT Medical Release

September 2009 through September 2010

The Lutheran Church of the Good Shepherd

Name: _____
Please print clearly

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for me, I grant those in charge of this event permission to authorize medical attention as recommended by a licensed physician. I agree to pay all medical costs involved in such an emergency treatment. I release and discharge the Evangelical Lutheran Church in America and/or its representatives involved in this event from any liability whatsoever in exercising this permission.

Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email: _____

IMPORTANT: It is my responsibility to notify the Lutheran Church of the Good Shepherd of any changes in the medical status during the course of the year.

Signature

Date

Additional Emergency Contact: _____

Daytime Phone: _____ Evening Phone: _____

Relationship: _____

Physician Name: _____ Physician Phone Number: _____

Insurance Company: _____ Policy Number: _____

Medical Information

Date of last tetanus shot: _____

Allergies, including drug and food allergies (please print):

Current medication with instructions for use and other pertinent medical information (use the back if necessary):

Please Note: the above information is confidential and will not be released except in an emergency.