

# **YOUTH Medical Release**

September 2009 through September 2010

The Lutheran Church of the Good Shepherd

Youth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Please print clearly

I understand that in the event of an emergency, or if any medical or surgical care becomes necessary for my child every attempt will be made to contact me. If I am unavailable, I grant those in charge of this event permission to authorize medical attention as recommended by a licensed physician. We agree to pay all medical costs involved in such an emergency treatment. We 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.

**Parent or legal Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

**IMPORTANT:** It is the responsibility of the parent/guardian to notify the Lutheran Church of the Good Shepherd of any changes in the medical status of this child during the course of the year.

\_\_\_\_\_  
**Signature of Legal Parent/Guardian**

\_\_\_\_\_  
**Date**

**Emergency Contact** (other than parent or guardian): \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

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.