

MEDICAL RELEASE

Confidential Information

Name _____

Date _____

Parent(s)/Guardian(s) _____

Address: _____

Daytime Phone:() _____ Evening Phone:() _____ Cell Phone:() _____

Email: _____

Emergency contact (other than parent or guardian): _____

Daytime Phone:() _____ Evening Phone:() _____ Cell Phone:() _____

Relationship to minor: _____

Physician Name: _____ Physician Phone:() _____

Insurance Company: _____ Policy Number: _____

Hospital Preference _____ Allergies: _____

Are all required immunizations current? []Yes []No

Please outline allergy treatment plan on back of this form.

Date of last tetanus shot: _____

Current medications:	Name	Dosage	Instructions

I understand that in the event of emergency or if any medical or surgical care becomes necessary for _____(student's name), every attempt will be made to contact me/us.

If I/we are not available, I/we grant those in charge of the event authorization to secure medical attention as recommended by a licensed physician. I/We agree to pay all medical costs involved in such an emergency. We release and discharge Calvary Lutheran Church, its representatives, and the Evangelical Lutheran Church in America and its representatives involved in this event from any liability whatsoever in exercising this permission.

Signature of Legal Parent or Guardian: _____ Date: _____

Parent or Legal Guardian: (please print) _____

We want to serve the needs of your child to the best of our abilities. If your child has any special needs that you would like us to be aware of, please note them on the back of this form or contact the church office at (253) 839-0344.

Calvary Lutheran Church
2415 S. 320th St., Federal Way, WA 98003

