



# Medical Release for Minor

## *Confidential Information*

Name \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Best Contact Method \_\_\_\_\_

Emergency Contact (other than parent/guardian): \_\_\_\_\_

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

Relationship to Minor \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

***Please outline allergy reactions and allergy treatments on the bottom back of this form.***

Are immunizations current?  Yes  No      Date of last tetanus shot (m/y) \_\_\_\_\_

Current medications	Name	Dosage	Instructions
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Continued on Reverse***

I, parent/guardian understand that in case of an emergency or if any medical or surgical care becomes necessary for my student, \_\_\_\_\_, every attempt will be made to contact me/us.

If I/we cannot be reached, I/we grant authorization to those in charge of the event 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 Church in America (ELCA) and its representatives from any liability whatsoever in exercising this permission.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent of Legal Guardian

**We want to meet your child's needs to the best of our abilities. If your child has any special needs or concerns of which we should be aware, please note them below:**