

Medical Information/Release Form

In the event of an illness, my child, _____, I hereby offer consent to any adult chaperone of a Shepherd of the Hills Lutheran Church Event to seek medical assistance on his/her behalf. My child has permission to ride in the vehicle of the staff or chaperone. In addition, I hereby agree to release, hold harmless and indemnify Shepherd of the Hills Lutheran Church and its staff, officers and chaperones from any and all liability either in or in tort, for any claims or causes of action which might result from this or any subsequent child/youth activity or trip. A photocopy of this authorization shall be as valid as the original.

Date: _____ Signature _____

Print name: _____

Emergency Contact

Name & Relationship _____

Emergency Phone # _____

Medical Information

Physician's Name: _____

HMO/Clinic Name: _____

Phone: _____

Assigned Hospital: _____

Medical Insurer & Policy #: _____

Please list any physical or mental health conditions, limitations, restrictions or allergies your child has:

As my child participates in Shepherd of the Hills Lutheran Church programs, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine. Care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child.

Date: _____ Signature _____

Print name: _____