



# Medical Release Form

To be completed & signed by parents of all students under age 18

Child's Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medicines taking and dosages \_\_\_\_\_

\_\_\_\_\_

Allergies to food or drugs \_\_\_\_\_

\_\_\_\_\_

Chronic or recurring illnesses \_\_\_\_\_

\_\_\_\_\_

Handicaps or other limitations \_\_\_\_\_

\_\_\_\_\_

Any other medical concerns St. Mark's should be aware of \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

The staff and adult volunteers of St. Mark's Lutheran Church have my permission to obtain whatever medical care or diagnostic tests they deem necessary for the well being of my child, named above, while my child is participating in youth events with St. Mark's Lutheran Church.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date