

MEDICAL RELEASE FORM

(To be completed & signed by parents of ALL STUDENTS UNDER AGE 18.)

Name	Date of Birth	Age	Allergies, Handicaps, Limiting Health Conditions, Medications, Reactions to Medications

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 children, named above, while they are attending youth events for St. Mark's Lutheran Church.

Parent/Guardian's
Address: _____

Telephone: _____

Emergency Contact
Person: _____

Telephone: _____

Family
Doctor: _____

Telephone: _____

Dentist: _____
Telephone: _____

Medical Insurance Provider: _____ Policy

Number: _____

Parent
Signature: _____

Date: _____