

## Medical Release – Permission Slip

(I), (We), (parents), (guardian) of \_\_\_\_\_ do hereby give permission for my child to participate in activities sponsored by TRINITY LUTHERAN CHURCH from September 2006 through September 2007.

(I), (We) also, authorize TRINITY LUTHERAN CHURCH, as agents of the undersigned; to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that in no way will TRINITY LUTHERAN CHURCH, its officers, or leaders be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

\_\_\_\_\_  
Parent or Legal Guardian (**PRINT NAME**)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Parent or Legal Guardian (**Signature**)

### **Youth Information**

**Grade:** \_\_\_\_\_

Address: \_\_\_\_\_

Birthday: \_\_\_\_\_ Social Security # \_\_\_\_\_

What, if any, medications are you allergic to? \_\_\_\_\_

What, if any, physical activities are you restricted from? \_\_\_\_\_

List any medications you are taking \_\_\_\_\_

What was the date of your last tetanus shot? \_\_\_\_\_

Family physician or medical group \_\_\_\_\_

Group number \_\_\_\_\_ Telephone \_\_\_\_\_

### **If parents are unavailable,**

**Additional emergency contact person:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_