

CHRIST LUTHERAN CHURCH

MEDICAL RELEASE

If you are under the age of 18 and not accompanied by a parent or guardian, this form must be completed and signed by a parent or guardian.

Student Name _____ B-Date _____ M/F _____

Grade _____ Phone/Cell # _____

Address _____

City/State/Zip _____

Email _____

Parent/Guardian _____ Phone: _____

Emergency Phone # _____

Family Insurance Co. _____ Plan/Policy # _____

Health Problems/Limitations _____

Medications _____

Allergies _____

Immunizations: Date of Last Tetanus Shot _____

Parent's Signature authorizes emergency treatment in the event the parent is not immediately available.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Parent Signature: _____

Date: _____

CHRIST LUTHERAN CHURCH
PARENTAL WAIVER & PERMISSION SLIP

For On and Off-Campus Events

I, (parent) _____ as the undersigned parent or legal guardian of (child) _____, do hereby give permission for my child to participate in **On and Off-Campus Christ Lutheran Church Events.**

Furthermore, I do hereby agree that I will not hold Christ Lutheran Church, its leadership, or the volunteers serving on its behalf, liable in case of accident, injury, and loss or damage of property in connection with the trip/activity. This shall include any incidents which may occur during, on the way to, or on the way from the above-stated events.

For and in consideration of permitting my child to observe, or use any facility or equipment of Christ Lutheran Church, or engage in and/or receive instruction in any trip/activity, **SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY**, the undersigned parent and/or guardian voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring as a result of observing or using facilities or equipment of Christ Lutheran Church, or engaging in or receiving instructions in any trip/activity.

In addition, if I cannot be personally contacted, I give the bearer of this document my permission to authorize any emergency medical care that may appear necessary.

Signature of Parent/Legal Guardian

Date

Emergency Phone Number