

Our Savior's Lutheran Church

5560 South 2300 West, Roy, Utah 84067 Phone: (801)825-6552 Email: oslcroyutah@qwestoffice.net

2017-2018 Medical Release Form

Medical Information: Child's Name _____

Physician _____ **Phone:** _____ **Address** _____

Hospital of preference: _____ **Have any condition now requiring medication?** No Yes

(If yes please provide further information) _____

Name of medication _____ *Dosage* _____ *Is medication with them?*

Yes No If not, who will have it? _____

Allergies or reactions to any medication, food(please list) _____

Any restriction of activity for medical reasons? (If yes, please explain) _____

Special needs or concerns of your child (information that will help us best serve him or her.)

If parent(s)/guardian(s) cannot be reached in case of emergency notify:

Name: _____ Relationship: _____ Phone: Home: _____

Cell: _____

Name: _____ Relationship: _____ Phone: Home: _____

Cell: _____

Medical Liability: I (we) the undersigned being the parent(s) or legal guardian(s) of the above child know that I may not be available to authorize medical, dental, surgical care and/or hospitalization for such child, and wish to appoint someone to act in my absence and to give such authorization. This authorization is intended to give Our Savior's Lutheran Church Sunday School, Youth, Confirmation, Children's Choir, any approved Christian outing/outreach, VBS staff the right to give the consent for emergency diagnostic medical, dental, surgical procedures and hospitalization that the authorized person deems advisable, and which the physician, dentist, or hospital personnel in said person(s) judgment may deem advisable.

I have put the important medical facts, if any, on the top portion of this document. These medical facts are intended to assist medical personnel, or authorized person(s) in deciding what treatment is to be given. It is in no way intended to restrict the giving authorization or consent by the person(s) named herein.

This authorization will be in effect during Sunday morning Sunday school and worship, as well as all Youth Events, Confirmation classes and outings, Children's Choir outreach events and rehearsals, and VBS.

It is intended that this document be presented to the physician, dentist, or appropriate hospital/medical personnel at such time that the medical, dental or surgical care or hospital shall be authorized.

It is intended that this authorization relieve the physician, dentist or person rendering such care, or the hospital or institution in which such care is given from the liability resulting from the failure of me(we), the parent(s), or guardian(s) of the above child, from signing a consent or authorization to render such care. It is the intent that the person(s) appointed herein shall be able to act in my stead in making decisions.

Parent/Guardian

Date

Parent/Guardian

Date