Holy Trinity Lutheran Church, Elgin IL

Student Medical/Liability Release Form (2016-2017)

Student's full legal name____

Address____

City_______________ State ________ Zip Code____________

Parent/Guardian Name(s)____

Phone (day)______________________ (night)________________ (cell)_________________

Emergency Contact if parent or guardian cannot be reached______________________________

Emergency Contact phone ___________________ Relationship to student__________________

I, the undersigned parent/guardian, authorize an adult in whose care the minor child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. Should it be necessary that the minor return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also give permission for the minor to ride in any vehicle designated by an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Holy Trinity Lutheran Church.

I am the parent or legal guardian of this participant, and hereby grant my permission fro the aforementioned minor to participate fully in said activities sponsored by Holy Trinity Lutheran Church.

I (we) have read the foregoing release and fully understand it.

Signature____

Date _________________________________

This release expires one year after date signed or on May 31, 2017 – whichever occurs first.

Primary Physician and Phone Number____

Known Allergies____

Special Medications____

Medical Problems____

Insurance Policy Name____

Insurance Policy Number____