



Emergency Medical Release Form

Confidential

Date _____

Youth Information

Student Name _____ Phone # _____

Male Female Email address _____

Address _____

City _____ State _____ Zip _____

Birthday _____

Parent Information

Parent/Guardian (s) _____

Work # _____ Cell # _____

Emergency Contacts

Name _____ Relationship to Youth _____

Phone # _____

Name _____ Relationship to Youth _____

Phone # _____

Name _____ Relationship to Youth _____

Phone # _____

Insurance Information

Insurance Company _____

Policy Holder _____

Policy # _____



Medical Information

Allergies _____

Medical Conditions _____

Medications _____

Restrictions (Physical, Mental, Dietary) _____



I, _____ hereby give my consent to *First Lutheran Church (Pastor, Youth Director, and/or FLC On Call Nurse)* who will be caring for my child, _____, to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. I hereby state that all the above information is correct.

I, _____ give my permission to *First Lutheran Church (Pastor, Youth Director, and/or FLC On Call Nurse)* to provide my child, _____ with necessary non-emergency treatment as needed. This treatment includes: basic first aid, treatment for headaches and/or PMS cramps, and ice for bumps and bruises.

Signature _____ Date _____

Printed Name _____ Relationship to Youth _____