

# Epiphany Lutheran Church Medical Release Form

(Please Print)

## Student Information

Full Name	Date of Birth	
Address	Age	
City	State	Zip
Phone Number	Gender	Height
Weight	Social Security Number	

## Emergency Contact Information

Parent/Guardian		
Address (if different than above)		
City	State	Zip
Home Phone Number	Work or Cell Number	

## Alternate Contact Person:

Name		
Address		
City	State	Zip
Home Phone Number	Work or Cell Number	

**Insurance Information:**

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor Name and Phone \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

**Health History:**

Pre-existing or present Medical conditions

\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken:

\_\_\_\_\_

Any Allergies? \_\_\_\_\_ To Medications? \_\_\_\_\_

Hay Fever  Heart Condition  Frequent Stomach Upsets

Insect Stings  Asthma  Epilepsy/Nervous Disorders

Diabetes  Physical Handicap  Headaches

Any Major Illnesses during the past year?

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions).

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

What? \_\_\_\_\_

Any activity restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No

What? \_\_\_\_\_

### **Event Medications:**

The following list includes over-the-counter medications. These are available to treat minor afflictions as listed below. The dosage is determined according to the size/age of the child, and the specific directions listed on the medications. Please indicate whether or not these treatments may be given for each condition listed. \*REMINDER: The adult leaders will contact you immediately if illness develops, or emergency treatment is required.

<i>YES</i>	<i>NO</i>	<i>Medication</i>	<i>Condition</i>
_____	_____	Acetaminophen (Tylenol)	Headache/fever
_____	_____	Chloraseptic Spray	Sore Throat
_____	_____	Cough Drops	Sore Throat
_____	_____	Sudafed	Congestion
_____	_____	Antihistamine	Allergic Reactions
_____	_____	Kaopectate	Diarrhea
_____	_____	Pepto Bismol	Nausea/vomiting
_____	_____	Hydrogen Peroxide	Abrasions/cuts
_____	_____	Betadine/PhisoHex	Abrasions/cuts
_____	_____	Neosporin	Abrasions/cuts
_____	_____	Sunscreen	Sunburn
_____	_____	Caladryl or Benadryl	Poison Ivy
_____	_____	Hydrocortisone Cream	Rash/Poison Ivy
_____	_____	Zinc Oxide/Solarcaine	Treatment of minor burns

Other Medications with dosages, schedule, and reason to be taken while at the event:

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**All medication must be sent in its original container...Thanks!!!**

**Parent Medical and Liability Release Statement:**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Epiphany Lutheran Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Epiphany Lutheran Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Epiphany Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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Parent/Guardian Signature Date

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Student Signature Date