

Medical and Liability Release Form RELEASE OF ALL CLAIMS

This form must be completed and signed by a parent or guardian. The annual medical and liability release form is designed to provide information in the event of an emergency, permission to seek medical treatment, and parental consent of participation. Please complete the required information legibly.

FOR OFFICE USE Staff Initials _____ Valid through August 31, 20____ (This form must be renewed each August)

Stude	nt's Name			(Last, Firs	t, MI)		Age (as o	f 9/1/2	018)	
Date c	of Birth	(mm/dd/yyyy)	Anticir	bated High	i Scho	ol Gradua	tion Yea	r	-	
	Address									
Homo	Phone (
Mothe	Phone () Phone ()		Father'	's Name						
Work			1 atrici V	Vork Dhon		·····				
	Phone ()		v		ie (/				
Cell Pr	none ()		C	ell Phone	()				
Emer	gency Contacts Please lis	st information for two	o people	who could l	be cont	acted in cas	e of emer	gency if th	ne parent/gu	lardian canno
	hed (relatives/close friends). The									
be aske	d to give advice/permission for	medical care. Please	notify in	dividuals th	at thei	r names hav	/e been giv	en for th	is purpose.	
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Phone										
	student covered by family n									
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Date of Last Tetanus Immunization	(mm/dd/yyyy)
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Use this space to provide any additional information about the student's behavior and physical, emotional, or health concerns about which leaders should be aware: ______

Medications:

My child takes NO medications on a routine basis	5
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_____ My child may be given pain relievers (i.e. Advil, aspirin, etc.) as needed

My child takes medications as	s follows:		
Med #1	Dosage	Specific time taken	
Reason for taking			
Med #2	Dosage	Specific time taken	
Reason for taking			
Med #3	Dosage	Specific time taken	
Reason for taking			

MEDICAL RELEASE AUTHORIZATION BY PARENT(S)/GAURDIAN(S)

After failed attempts to contact us (Me), we (I) authorize the responsible adult representing Trinity Klein Lutheran Church, in whose care the minor 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 provisions 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.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also herby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Trinity Klein Lutheran Church.

[The following signatures must be hand written.]

PARENT NAME (PRINT)	
SIGNATURE	_ DATE
PARENT NAME (PRINT)	
SIGNATURE	_ DATE