

Permission and Medical Release Form

Our Redeemer Lutheran Church 825 Golf Ave. SW Pine City, MN 55063 320-629-2985

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Our Redeemer Lutheran Church of Pine City, Minnesota permission to act on my behalf in seeking medical treatment for me/my child or ward in the event that such treatment is deemed necessary by Our Redeemer Lutheran Church staff. I give my permission to those administering emergency treatment to do so by using those measures deemed necessary. I absolve Our Redeemer Lutheran Church of Pine City from liability in acting on my behalf.

Participant Information:

Name: _____ DOB _____

Parents/Guardians Names: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parents Place of Work and Phone Number: _____

Nearest Relative or Friend in case parent/guardian cannot be reached:

Name: _____ Phone: _____

Medical Information:

Insurance Company: _____

Policy Number: _____ Group Number: _____

Insurance Company Phone Number: _____

Known Allergies: _____

Known Medical Conditions: _____

Medications currently taking: _____

Date of last tetanus shot: _____

Any Other Limitations: _____

Parent/ Guardian Signature

Date

This permission and medical release form will be kept on file for the calendar year of 2019. Complete the form once and turn it in for the year. It is your responsibility to update any information as needed throughout the year. If you have any questions please feel free to contact Leigha at church 629-2985 or by email at youthorlc@gmail.com