

# Permission and Medical Release Form

Our Redeemer Lutheran Church 825 Golf Ave. SW Pine City MN 55063

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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 from liability in acting on my behalf. Effective January 1, 2015 - December 31, 2015.

## Participant Information

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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: \_\_\_\_\_

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Parent/ Guardian Signature

Date

This permission and medical release form will be kept on file for the calendar year of 2015. 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