
Mt. Calvary Lutheran Church Medical Release & Permission Form (2009- 2010)

(Please Print In Ink)

FIRST LAST M.I.

Name: _____ Age: _____
Birthday: _____ Baptismal Date: _____

Year in School: _____ (Please Circle): Male Female
Email: _____ Do you check this frequently? _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____
Cell Number: _____

Medical Insurance Company: _____
Policy Number: _____

Mother's Name: _____
Phone: (Home/Work) _____

Father's Name: _____
Phone: (Home/Work) _____

Emergency Contact (Other than parents): _____
Phone: (Home/Work) _____

Physician _____ Office phone: _____

Dentist _____ Office phone: _____

Medical History:

If necessary, please describe with detail the nature of any physical and/or psychological illness, limitation, or condition that might affect your child's participation in children's ministry. If any action is required because of any such symptoms, please let us know by writing on an additional sheet the procedures you feel necessary in order to best protect and/or assist your child. If your child takes any kind of medication, please let us know, as well as how many doses and if we need to be of assistance with medications.

Check the following areas of concern for this student

1. Does your child have allergies to—

- pollens medications food insect bites

Other: _____

2. Check if your child suffers from, has ever experienced, or is being treated currently for any of the following:

- asthma heart trouble frequently upset stomach
 epilepsy / seizure disorder diabetes physical handicap

3. Does your child wear... glasses contact lenses?

4. Please list and explain any major illnesses that your child experienced during the past year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

(Student's Name) _____ has my permission to attend all Children's Ministry activities sponsored by Mt. Calvary Lutheran Church, Holdrege, NE.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of the named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Mt. Calvary. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Mt. Calvary, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Mt. Calvary, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____

Date: _____