

Trinity Lutheran Church Youth Ministry Medical Release Form

Complete ALL information & return to Trinity Lutheran Church



Trip/Event: _____
Date of Event: _____
Today's Date: _____

PERSONAL INFORMATION:

Name: _____
Grade: _____
DOB: __/__/_____
Parent/Guardian (Please Print):

Address: _____
City, State, Zip: _____
Telephone (____) _____ - _____

MEDICAL RELEASE INFORMATION:

Insurance Co. _____ Policy # _____
Please list any allergies or any other pertinent medical information: _____

In the event of an emergency where medical treatment is required, I give my permission to the church staff to obtain the needed care.

Signature of Parent of Guardian

Date

THE YOU'VE BEEN WARNED CLAUSE:

In the event that my son or daughter behaves in a manner in which the adult leader(s) feel it necessary for him/her to leave the event, I will take full responsibility for cost and arrangements to pick up, or send home, my son or daughter.

Signature of Parent of Guardian

Date

*Deposits for events/trips are non-refundable.