



Medical Information and Release Form

Name Phone Sex Age Grade
 Address City State Zip Code

Mother's Name Phone
 Occupation Work Phone
 Father's Name Phone
 Occupation Work Phone

Currently taking medication?

Please Explain

Child have allergies, or other medical needs we should know about?

Please Explain

Hospitalization Insurance Co
 Address
 Phone Policy # Group #

Family Doctor Phone

Emergency contact:

Name Relationship
 Phone Work Phone

Release and Hold Harmless Agreement for Resurrection Lutheran Church

By my signature I, the parent or guardian of following: grant my permission for him/her to participate fully in any activities or trips sponsored by Resurrection Lutheran Church. I understand my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Resurrection Lutheran Church from all claims that might result from any injury or death of any minor.
2. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.