Trinity Lutheran Church, 1826 Killian Hill Road, Lilburn, GA. 30047 **770-972-4418**

MEDICAL RELEASE FORM

Name _____ Date _____

Address _____

Birth Date _____ Home Phone # _____

Parent / Guardian's Name _____ Work Phone # _____

Work Address_____
*In the event that parent cannot be reached, who should be contacted in an emergency?

Name _____ Relationship _____ Phone # _____
**In the event that a parent / guardian or emergency contact cannot be reached, the adult advisors of Trinity Lutheran Church have my permission to take appropriate emergency medical action for my son or daughter, listed above.

Signature of Parent or Guardian _____ **Date** _____

Any known allergies

_____

_____

Medical Problems

_____

_____

Special Instructions and Current Medications

_____

_____

INSURANCE VERIFICATION

My son/daughter is adequately covered with accident and medical insurance under policies I already carry. The following information is the correct information to be used, if medical treatment for my son/daughter is necessary.

Insurance Company _____
Claims Address _____
Name of Company or Individual Providing Insurance _____

Policy Number (include Member and Group Number If Applicable)

_____

Signature of Parent or Guardian _____ **Date** _____