## EMERGENCY MEDICAL RELEASE FORM

Name					
	(Last)	(I	First)	•	iddle Initial)
Address	<u> </u>		<u></u>		(T' G 1)
Mala		t) ((	• .	(State)	(Zip Code)
Wate	1 Ciliai	e Age	1 none		
Parents and/	or Guard	ians Name			
Parents or G	uardians	Home Phone		Work Phon	ne
Emergency	and Hea	alth Information			
General: D	o you ha	ve: (If yes, explai	in)		
Yes _	No	Allergies?			
Yes _	No	Heart Condition	?		
Yes _	No	Other?			
Are you sub	bject to:	(If yes, explain)			
Yes _	No	Fainting?			
Yes _	No	Headaches?			
Yes _	No	Other?			
Do you hav	e reactio	n to: (If yes, exp	lain)		
Yes _	No	Bee Sting?			
Yes _	No	Penicillin?			
Yes _	No	Other Drugs?			
Yes _	No	Poison ivy, oak,	sumac?		
Yes _	No	Other?			
Yes _	No	Have you had ar	ny serious illnes	ss or sugery within the pa	ast 10 years?
Yes _	No	•	•	would prevent you from	
Yes _	No	Do you take any	prescription m	nedication? Please List.	
*7	2.7	11.1			
		•	_	ng impairments?	
		Do you wear con		D1 1/m	
Date of last	tetanus si	10t:		Blood Type	1 1.1 1.1
				know to help avoid or de	•
situation tha	it might a	rise			
				(Please attach a copy of	•
				Policy Nu	
				Frie	nd Relative
Adress					
	(Street	,	(City)	•	(Zip Code)
Family Doct	tor's nam	۵۰		Work Phone	

## AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

(I) (We), the undersigned parent	t(s) and/or le	egal guardian(s) of
medical, surgical, and dental cassurgical, or dental procedures of	re for such r r treatments	Adult Leaders of Peace Lutheran Church to (1) consent to minor child, (2) consent to any diagnostic tests, medical, as may be considered therapeutically necessary by the
· ·		care personnel providing care for such minor child, and (3) ans, surgeons, dentists, nurses, and other health care
		such minor child, (b) admit such minor child to any
•	•	y, or other health care or diagnostic facility for examination
- ·	-	ecessary consents and authorizations.
	ite any such	ven in advance of the occurrence of nay condition or medical, surgical, or dental care being required but is given should be required.
		xecuted this "Authorization to Consent to Medical and ay of
		Parent/Guardian
		Parent/Guardian
STATE OF	) )SS	
COUNTY OF	)	
	who execute	_, before me, a Notary Public, personally appeared and, ed the above consent and stated that it was executed as
CEAL		
SEAL		Notary Public