

HOLY CROSS EVANGELICAL LUTHERAN CHURCH
MEDICAL EMERGENCY SERVICES RELEASE

In the event that my minor child, _____, has need of medical attention, I do hereby give my permission for the staff and sponsors of Holy Cross Evangelical Lutheran Church to seek such help including emergency surgery if the particular medical emergency warrants. I understand that every effort will be made to contact me or my alternate responsible party prior to emergency surgical procedures, unless the particular situation does not allow due to the threat of loss of life.

I give my minor child full consent to attend the activities of Holy Cross Evangelical Lutheran Church from _____ to _____. It is my understanding that the staff and volunteers of Holy Cross Evangelical Lutheran Church will take all of the necessary precautions to ensure the safety of my child. I do hereby release the above stated organization from any legal or financial obligation due to the injury of my above named minor.

Minor's name: _____

Address: _____

Parent/legal guardian name: _____

Telephone numbers where you can be reached during this time: _____

Alternate person to contact in case of emergency if parent can't be reached:

Name, relationship _____

Phone _____

Name, relationship _____

Phone _____

INSURANCE INFORMATION

[PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR CHILD'S INSURANCE CARD]

MEDICAL HISTORY/KNOWN ALLERGIES TO FOOD, DRUGS, BEE STINGS, ETC.

(If more space is needed please use back of sheet)

List all medicine currently taking and what medical condition it is taken for:

TRANSPORTATION ALLOWANCE

My above listed child is allowed to travel with Holy Cross Evangelical Lutheran Church in the transportation provided by the above named church.

I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Signature of Parent/Guardian

Date