

Our Savior's Youth Program Medical Release Form:

Medical Release Form

Today's date: _____

Participant name _____

Address _____ Phone No. _____

City _____ State _____ Zip _____

DOB _____ Age _____

I/We authorize the assigned adult chaperones of EGF Our Saviors Lutheran Church to provide emergency/non-emergency medical care for my child named on this registration if medical care should be needed while he/she is attending the OSLC youth activities.

Signature of parent or guardian _____

In case of emergency, notify:

Name: _____

phone number(s) _____

Insurance information:

Do you have health insurance yes _____ no _____

Name of company: _____

Policy number: _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone no. _____

Health History:

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken:

List any allergies to medications or other things: _____

Please check any that apply:

Hay Fever Heart condition

Diabetes Epilepsy/Nervous Disorders

Asthma Frequent stomach upsets

Bee sting allergy

Date of last Tetanus shot _____ Contact lenses? _____

Any swimming restrictions? No Yes, what? _____

Any activity restrictions? No Yes, what? _____

Can your student receive any of the following OTC Medications?

Tylenol _____ Ibuprofen _____ Advil _____ Aspirin: _____

Other _____