

MEDICAL RELEASE AND HISTORY FORM

I/We, the undersigned parent(s) of (Youth Name) _____, a minor, do hereby authorize (Congregation Name and its Representatives) Zion Lutheran Church, Marshall, Michigan -- specifically, Rev. Roger James, Miss Sarah Noneman, and Mr. Robert Olson, as agent for the diagnosis, treatment, hospital care and/or service which is deemed advisable and is to be rendered to said minor, under general or specific care of any licensed physician, surgeon, or the medical staff of a licensed hospital, whether such diagnosis is rendered at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care which the above-mentioned physician in the exercise of his or her best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given and shall remain in effect from (start date) July 1, 2008 to (end date) July 5, 2008, unless sooner revoked in writing and delivered to said agents.

Father's Name: _____ Daytime phone: _____

Father's Signature: _____ Date: _____

Mother's Name: _____ Daytime phone: _____

Mother's Signature: _____ Date: _____

Witness: _____ Date: _____

EMERGENCY INFORMATION

Contact Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Doctor's Address _____

Medical Insurance Company Name: _____

Group/Policy Numbers: _____

MEDICAL HISTORY

Allergies: _____

Tetanus (date): _____

Medical disorders: _____

Special medical instructions: _____

Child's DOB: _____

Child's SS#: _____