

# Faith's Medical Release Form

Each confirmation family is asked to fill out a card for each confirmation student in 7th, 8th and 9th Grades. We will keep them securely filed in the church office for all youth activities during the 2007—2008 school year. **If your insurance information changes at any time during the year, we ask that you come in and fill out a new form to assure your child's safety and a quick response to any medical emergency that might come up at the church or away at a youth activity.** Thank you! These must be completed and returned before the beginning of Confirmation classes on Wednesday, September 12.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Person to Notify in Case of Emergency \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

In the event of an emergency, where medical treatment is required, I give my permission to the church staff or sponsor to obtain the services of a licensed physician. I will not hold Faith Lutheran Church/sponsors liable for transportation, personal injury or death. Please attempt to notify me immediately concerning any such emergency.

Comments/Medical Information \_\_\_\_\_

Insurance and Insurance Policy Number \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_