

Medical Release Form

2020-2021 School Year

I, _____ parent/guardian of _____
herein authorize the adult chaperones of my child to consent to any medical or surgical
diagnosis or treatment, and hospital care, to be rendered to the minor under the state of
treatment, when the need of such treatment is immediate and when efforts to contact me
are unsuccessful.

Signature of Parent/Guardian

Date

___ Check if you authorize Maranatha to use a picture of your child for any youth or
church oriented publications (pamphlets, brochures, newsletters, website, etc.)

Current Medications:

Allergies, Chronic Illnesses or Other Conditions:

Emergency Information:

1st Emergency Contact Name: _____

Relationship to minor: _____

Home Phone (_____) _____

Work/Mobile Phone (_____) _____

2nd Emergency Contact Name: _____

Relationship to minor: _____

Home Phone (_____) _____

Work/Mobile Phone (_____) _____

Medical Information:

Insurance Company: _____

Plan or Policy Number: _____

Family Physician: _____ Phone (_____) _____

LIABILITY RELEASE AND PARENTAL CONSENT FORM

The undersigned does hereby give permission for our (my) child, _____,
to attend and participate in the activity sponsored by Maranatha Free Lutheran Church

We, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold Maranatha Free Lutheran Church and the directors thereof from any and all liability, and hereby assume all risk, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. Your child will be furnished transportation with _____,
Chaperone for Maranatha Free Lutheran Church. Name of Driver

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. (We will attempt to contact you prior to any treatment by phone).

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

(Both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

Father Date Phone number
(where you can be reached)

Mother Date Phone number
(where you can be reached)

Insurance Company & Policy Number