

**Medical Release Form San Marcos Lutheran Church
Day Camp 2016 - "Make a Joyful Noise!"
July 11-15, 9am-3 pm**

Medical Release Form Name of event: **San Marcos Lutheran Church Day Camp 2016**

I (we), the undersigned parent(s) or guardian(s) of , _____

a minor, do hereby authorize adult volunteers of San Marcos Lutheran Church as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

I further release from any liability San Marcos Lutheran Church, and any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence. Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____

Emergency Phone: _____ Home _____

Work _____

Health Insurance Company _____ Policy or Group # _____

Phone _____

If parent/legal guardian is not available in an emergency, contact

Name _____ Phone _____

Please list any allergies. Include medications, foods, etc. _____

Does your child have any medical or special needs, including medications currently being used? _____

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Date of last tetanus shot _____

Child's birth date _____