



**MEDICAL RELEASE FORM**  
**LYONS Activities for 2017-2018**

Youth Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Birth date: \_\_\_\_\_ School: \_\_\_\_\_  
Youth E-mail: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
Youth Cell Phone: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

I/We understand in the event of an emergency, or if any medical or surgical care becomes necessary for \_\_\_\_\_, every attempt will be made to contact me. If I/we am/are unavailable, I/We give permission to those in charge of LYONS to authorize medical attention as recommended by a licensed physician. I/We agree to pay all medical costs involved in such emergency treatment. I/We release and discharge the Evangelical Lutheran Church in America and/or its representatives involved with LYONS from any liability whatsoever in exercising this permission.

Signature of Legal Parent or Guardian: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Cell Phone(s): \_\_\_\_\_  
Parent E-mail(s): \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_  
Phone number(s): \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company or Group: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**MEDICAL INFORMATION:**

Date of last tetanus shot: \_\_\_\_\_  
Allergies, including drug allergies and reaction (please print): \_\_\_\_\_

Current medication with instructions for use and other pertinent medical information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Yes, I give permission for my child's picture to be used in various LYONS media (website, Facebook, newsletters etc.)  
 No, I do not give permission for my child's picture to be used in various LYONS media (website, Facebook, newsletters, etc.)

Please note: The above information is confidential and will not be released except in case of emergency.