



MEDICAL RELEASE FORM
LYONS Activities for 2018-2019

Youth Name: _____ Date: _____
Birth date: _____ School: _____
Youth E-mail: _____ Current Grade: _____
Youth Cell Phone: _____ Youth 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.