

VISITOR FORM

2010-2011

CALVARY LUTHERAN MEDICAL RELEASE FORM

In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Calvary Lutheran Church the permission to act in my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Calvary Lutheran Church staff. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve Calvary Lutheran Church from liability in acting on my behalf.

Name of child (please print) _____ Grade: _____

Birthdate _____

Address _____

Family E-mail Address _____

Parent or Guardian Name (please print):

Signature _____

Phone: Home _____ Work _____

(indicate whose numbers)

Cell _____

If parents are not available, please call friend or relative below:

Address _____

Phone _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc. which may be needed in any treatment:

Family Health Insurance Company and policy number:

Family Physician: _____