

# 2006-2007 Youth Medical Release Form

I/We, the undersigned, are the guardians; the guardians having legal custody, or legal guardianship of \_\_\_\_\_, a minor, and have given consent for him/her to attend a trip operated by Zion Evangelical Lutheran Church-Ann Arbor. In the event that he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, while a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize the lead adult of our group, or a member of the Zion staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call.

In the event it becomes necessary for that person to give consent for us, I /we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above at the time of the trip.

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\_\_\_\_\_  
Name of Insurance Holder

\_\_\_\_\_  
Health Insurance Holder's Telephone Number

\_\_\_\_\_  
Health Insurance Policy Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Insurance Company's Name

\_\_\_\_\_  
Insurance Holder's Employer's Name

\_\_\_\_\_  
Insurance Company's Address

\_\_\_\_\_  
Insurance Holder's Employer's Address

\_\_\_\_\_  
Insurance Company's Telephone Number

\_\_\_\_\_  
Ins. Holder's Employer's Telephone Number

## Participant/Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Parent/Guardian(s) (if participant is under 18)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Known allergies and current medications

\_\_\_\_\_  
Date of the most recent Tetanus shot

(continued on back)