



SEPTEMBER, 2010 –AUGUST, 2011
 MEDICAL RELEASE FORM
 DINKEY MEMORIAL EVANGELICAL
 LUTHERAN CHURCH



Dinkey Memorial Evangelical Lutheran Church
 1742 Dinkey Road, P.O. Box 250
 Ashfield, PA 18212

Personal Information

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

I, the undersigned, hereby authorize an adult representative of Dinkey Memorial Evangelical Lutheran Church to consent to and authorize the administration and performance of all treatments that may be considered necessary in the judgment of attending physicians, in the event I should be admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time as I am participating in an event sponsored by Dinkey Memorial Evangelical Lutheran Church in the year 2009.

Signed: _____ Date: _____
 (participant)

Signed: _____ Date: _____
 (parent or guardian if participant is under 18 years)

 (family insurance company and policy number)

Allergies: _____

Medications: _____

Permission is given to the event leaders to administer to the participant 650mg of Tylenol by mouth as needed for pain (headache, etc.) YES NO

Special Restrictions (dietary, rooming, physical activity, etc.): _____

PERSONS TO NOTIFY IN AN EMERGENCY:

1. _____ Phone: _____

2. _____ Phone: _____

No one will be permitted to attend any event with the congregation without a signed medical release form.