*Must be filled in. EMERGENCY MEDICAL RELEASE FORM 2023

*Name: _____
Last First Middle

*Address: _____

_____

*Birth date: _____ *Male: ____ *Female: ____

*Parents: _____

*Address: _____

*HomePhone: _____ WorkPhone: _____ *Cellular: _____

HEALTH INFORMATION

*General - Is Youth subject to: (If "yes" - explain)

_____ Yes _____ No Fainting
_____ Yes _____ No Sleep Walking
_____ Yes _____ No Upset Stomach
_____ Yes _____ No Other

*Reactions / Allergies - Is Youth subject to: (If "yes" -explain and list medication)

_____ Yes _____ No Penicillin
_____ Yes _____ No Other drugs
_____ Yes _____ No Bee sting
_____ Yes _____ No Poison Ivy, etc.
_____ Yes _____ No Other allergies
_____ Yes _____ No _____

*Medications / Conditions -Is Youth subject to: (If "yes" - explain and list medication)

_____ Yes _____ No Asthma
_____ Yes _____ No Bronchitis
_____ Yes _____ No Diabetes
_____ Yes _____ No Heart condition
_____ Yes _____ No Sight / Hearing
_____ Yes _____ No Wears Contacts
_____ Yes _____ No Serious Illness or injury in last ten years

THIS SECTION IS OPTIONAL

I give permission for medical information to be shared with Camp Staff that are directly involved with your youth. (Initial) _____

Date of Last Tetanus Shot: _____

Please indicate ANYTHING else that adult leaders should know to help deal with any medical situation that may arise: _____
_____

*EMERGENCY INFORMATION **(please include photocopy of insurance card)**

*Health Insurance Co. _____ Policy #_____
*Family Doctor _____ Phone _____
*Other #'s_____
*Other Contact Person_____ _____ Relationship _____
*Home Phone: _____ Work Phone: _____
*Cellular: _____

*AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

I, the undersigned parent and/or legal guardian of _____, a minor under age 18, do hereby authorize the camp nurse, Robert Milkert or an authorized member of Lutheran Youth Ministries to consent to:

1. Medical, surgical, and dental care for such minor child;
2. Consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child:
3. and on my behalf to:
   a. employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
   b. admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery or care,
   c. sign all necessary consents and authorizations
4. any non-emergency first aid, including the administration of:

_____ Yes _____ No Acetaminophen (Tylenol or similar pain reliever)
_____ Yes _____ No Pepto Bismol / Imodium AD
_____ Yes _____ No Antacid (Tums, Maalox)
_____ Yes _____ No Decongestant (Sudafed)
_____ Yes _____ No Benadryl

I am required by Doctor _____the prescribing physician, to take the following medication during camp:

*1) Medication:_____ Possible reactions:_____

*2) Medication:_____ Possible reactions:_____

* I am required by Doctor _____the prescribing physician, to take the following medication during camp:

*3) Medication:_____ Possible reactions:_____

4*) Medication:_____ Possible reactions:_____

Medications are to be in the original container with directions for dosage clearly legible on label.

It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical, or dental care being required, and is given to provide authority to obtain such care if it should be required.
This document shall be in effect for the dates of July 23, 2023, through July 28, 2023.

IN WITNESS WHEREOF, I have executed this Authorization to consent to Medical and Dental Care this _____ day of _____, 2023

State of _____ _____
Parent / Legal guardian

_____County _____
Parent / Legal guardian

On this___day of_____,2023, before me, a Notary Public, personally appeared and known to be the person who executed the above Consent and stated that it was executed as their free act and deed.

_____
(SEAL) Notary Public