EMERGENCY MEDICAL RELEASE FORM 2017

Name: _____
Last First Middle
Address:_____
_____

Birth date: _____ Male: ____ Female: ____
Parents: _____
Address: _____
Home Phone: _____ Work Phone: _____
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 _____
_____ 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

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 adult 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 16, 2017 through May 31, 2018.

IN WITNESS WHEREOF, I have executed this Authorization to consent to Medical and Dental Care this _____ day of _____, 2017

State of _____ _____
Parent / Legal guardian

_____County _____
Parent / Legal guardian

On this___day of_____,2017, 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