

EMERGENCY MEDICAL RELEASE FORM 2010

Name: _____
Last First Middle

Address: _____

Birth date: _____ Male: _____ Female: _____

Parents: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cellular: _____ Pager: _____

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: _____ Pager: _____

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

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, but is given to provide authority to obtain such care if it should be required.

This document shall be in effect for the dates of June 27, 2010 through June 26, 2011.

IN WITNESS WHEREOF, I have executed this Authorization to consent to Medical and Dental Care this

_____ day of _____, 2010

Parent / Legal guardian

Parent / Legal guardian

State of Illinois
_____ County

On this _____ day of _____, 2010, 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