*Must be filled in. **EMERGENCY MEDICAL RELEASE FORM 2026**

*Last Name_____ *First Name_____
*Male: _____ Female: _____ *Birth Date: _____
*Camper's Address_____
*Parents Name: _____
*Address: _____
Parents Home Phone: _____Work Phone: _____ *Cellular: _____
Health Information:
*General- Is Youth subject to: (if "yes" explain)
_____Yes _____No Fainting
_____Yes _____No Sleepwalking
_____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 the 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 Number_____

Family Doctor _____Phone Number _____

*Other Contact _____Relationship_____

*Home 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, 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 of treatment as may 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 authorization.
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: _____
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 this 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 26th - July 31st, 2026

IN WITNESS WHEROF, I have executed the Authorization to consent to Medical and Dental Care:

This _____ day of _____, 2026

State of _____ Parent/ Legal Guardian _____

_____County Parent/Legal Guardian _____

On this _____ day of _____, 2026, 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