EMERGENCY MEDICAL RELEASE FORM 2011

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: _____

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 July 17, 2011 through June 30, 2012.

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

Care this _____ day of _____, 2011

_____
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