



**MEDICAL RELEASE FORM**  
**Maple Park Lutheran Brethren Church**  
 17620 - 60th Avenue West  
 Lynnwood, WA 98037  
 425-743-2288

As the parent or legal guardian of the following minor:

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

I hereby release Maple Park Lutheran Brethren Church and those involved in the planning and implementing of youth activities from any responsibility and/or liability in the case of accident or injury incurred at activities or during transporting to or from activities, other than cases of direct negligence.

I hereby authorize any of Maple Park LBC's youth workers, who are 18 years of age or older, to consent to any medical or surgical treatment for the above named child which such person deems advisable if parent/guardian can not be contacted when youth is taken for treatment.

<u>Mother's Information</u>
Home phone: ( ) _____
Work phone: ( ) _____ Ext. _____
Other phone: ( ) _____
Home Address: _____ _____

<u>Father's Information (if different)</u>
Home phone: ( ) _____
Work phone: ( ) _____ Ext. _____
Other phone: ( ) _____
Home Address: _____ _____

**IN CASE OF EMERGENCY, PLEASE FOLLOW THESE INSTRUCTIONS:**

\_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (Choice of facility, if possible) (Telephone #)

\_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (Choice of physician, if possible) (Telephone #)

\_\_\_\_\_ ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 (Notify, if parent/guardian can not be located) (Telephone #)

\_\_\_\_\_ (Health insurance company) (Policy holder)

_____	_____	_____
(Agreement #)	(Group #)	(Other #)

Please list any illnesses or allergies of the above named youth:

Please list any medication the youth is currently taking:

Date of last DTP or DT immunization:

\_\_\_\_\_  
 (Signature of Mother/Father)

\_\_\_\_\_  
 (Signature of Legal Guardian)