

# ST. PAUL LUTHERAN CHURCH MEDICAL RELEASE FORM

(Please get this form notarized before turning in.)

My name is (parent/guardian) \_\_\_\_\_  
I reside in \_\_\_\_\_, Texas. This authorization applies to my  
(son/daughter), whose name is \_\_\_\_\_, and who is under eighteen  
(18) years of age.

I have authority to consent to medical treatment of the foregoing child in that I am the  
parent/guardian of the child. By my signature I hereby give my consent to St. Paul Student  
Ministry leaders to obtain medical treatment for my child in the event I cannot be contacted. My  
phone numbers are: \_\_\_\_\_

Furthermore, St. Paul Lutheran Student Ministry does not assume responsibility nor  
provide insurance coverage for your child. Insurance coverage must be provided by the  
parent/guardian if desired.

## MEDICAL INSURANCE INFORMATION

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

GROUP #: \_\_\_\_\_ POLICY #: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

In addition I further understand that I am releasing, discharging and waiving any claims  
or actions that I may have presently or in the future for the conduct of the Student  
Ministry staff, both professional and volunteer of St. Paul Lutheran Church.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 2018

SIGNATURE: \_\_\_\_\_

DO NOT WRITE BELOW THIS BOX

Before me, a notary public, on this day personally appeared \_\_\_\_\_,  
known to me to be the person whose name is subscribed above and declared the statements  
herein are true.

Given under my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, 2018.

\_\_\_\_\_  
Notary Public in and for the State of Texas  
My commission expires \_\_\_\_\_  
State of Texas, County of \_\_\_\_\_