TRINITY LUTHERAN CHURCH&SCHOOL

Rev. Stephen Henderson, Senior Pastor
Rev. David Kipp, Associate Pastor
Karol Ketcher, Director of Music
Christine Miller, Principal
Susan Magruder, Business Manager
Katie Gutierrez, Director of Technology

Medical Treatment Consent Form

I hereby give permission for any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc. under the direction of the persons listed below until such time as I may be contacted. This release is effective for the time during which my child is participating in the athletic program for the season, including traveling to or from competition. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Insurance Company: _____

Policy Number: _____

Family Physician: _____

Physician Address: _____

City: _____ State: _____ Zip Code: _____

Physician Phone Number: _____

My child's known allergies: _____

_____

In case I cannot be reached, the following people are designated to give medical treatment consent for my child:

Coach's Name(s): _____

Athletic Director's Name(s): _____

_____ _____

Parent/Guardian Signature Date