TRINITY LUTHERAN CHURCH & SCHOOL

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

Serving others through Christ, together!

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