



MEDICAL RELEASE FORM

Northeastern PA Synod, ELCA

Event Name _____ Event Date(s) _____

Name of Participant _____

I, the undersigned, hereby authorize a representative of the Northeastern Pennsylvania Synod to consent to and authorize the administration and performance of all treatments that may be considered necessary in the judgement of attending physicians, in the event I should be admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time as I am participating in this event.

Signed _____ Date _____
(participant)

Signed _____ Date _____
(parent or guardian if participant is under 18 years)

(family insurance company and policy number)

Allergies _____

Medications _____

Permission is given to the event leaders to administer to the participant 650mg of Tylenol by mouth as needed for pain (headache, etc.) YES NO

Special Restrictions (dietary, rooming, physical activity, etc.) _____

PERSONS TO NOTIFY IN AN EMERGENCY:

1. _____ Phone _____

2. _____ Phone _____

No one will be permitted to attend this event without a signed medical release form.