

# MEDICAL AUTHORIZATION/RELEASE FORM

## CHRIST LUTHERAN CHURCH

2350 44TH SW  
WYOMING, MI 49509  
(616) 532-2774

\_\_\_\_\_  
child's name

\_\_\_\_\_  
date of birth

\_\_\_\_\_  
address

\_\_\_\_\_  
home phone number

\_\_\_\_\_  
cell phone or alternate number

\_\_\_\_\_  
allergies

\_\_\_\_\_  
Family doctor and phone number

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Name of cardholder

\_\_\_\_\_  
Policy number/group number

We/I have read and understand the following: We understand that Christ Lutheran Church (CLC) may not have insurance coverage specifically applicable to youth outings for injuries to our child or their property. We represent that our child has Insurance coverage in the event of an accident or injury. If emergency procedures or treatments are required during a youth function, we authorize and consent to the trip chaperone taking, arranging for, or consenting to the procedures or treatment in their discretion. We understand that we would be contacted as soon as possible. We agree to release CLC, the church council, individual members, officers, church staff, and trip chaperones from any and all claims that we or our child may have for any losses, damages, or injuries arising out of our child's participation in the trip or out or rendering of emergency procedures or treatments, if any.

**Please sign and date the following lines:**

\_\_\_\_\_  
parent or legal guardian

\_\_\_\_\_  
emergency contact number

\_\_\_\_\_  
date