## Trinity Lutheran Church <u>Student Medical Release and Waiver Form</u>

## Please print in ink

Student's Name:				Age	Birthday		
	Last	First			· · · · · · · · · · · · · · · · · · ·		
Address			City	_State	Zip		
Phone			Cell				
Medical Insurance	e Company		Policy Nu	umber			
Insurance Company Address			Group #				
Parent Name		Cell #	Work #				
Parent Name		Cell #	Work #				
Emer. Contact			_ Home #	Work #			

## MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware. And what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. Does your child have allergies to: (please describe any that apply)										
pollens	medications	$\Box$ food	□ insect	bites	□other					
<ul> <li>2. Does your child suffer from, o</li> <li>□ asthma</li> <li>□ frequently upset stor</li> </ul>	$\Box$ heart troub	le 🗌 dia	rrently for ar betes lepsy / seizu	other	-					

3. Please list and explain any major illnesses the child experienced during the last year:

4. Should this child's activities be restricted for any reason? Please explain:

Additional comments: