

# **Trinity Lutheran Church**

## **Student Medical Release and Waiver Form**

**Please print in ink**

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST                      FIRST                      MIDDLE

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

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                       food                       insect bites                       other \_\_\_\_\_
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma                       heart trouble                       diabetes                       other  
 frequently upset stomach                       physical handicap                       epilepsy / seizure disorder
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: