

ASCENSION LUTHERAN CHURCH

MEDICAL RELEASE FORM

Date: _____

I GIVE MY CHILD _____ **permission to attend the special events sponsored by Ascension Lutheran Church, Thousand Oaks, California. I also give permission for the advisors and/or pastors of these events to authorize any emergency medical treatment as they see fit if my child is injured or becomes sick, in the event that I may not be reached.**

Signed _____

Parent's name (please print): _____

Address _____
(include city and zip code)

Home Phone _____ **Cell Phone Number 1:** _____

Business Phone _____ **Cell Phone Number 2:** _____

Parent/Guardian E-mail: _____

Family Physician _____ **Phone** _____

Does your child have any allergies or physical problems that we should be aware of?

If yes, please explain _____
(if you need more room, use the back and note this)

Date of Birth _____ **Child's SS#** _____ **Male/Female**
(circle one above)

INSURANCE COMPANY _____ **Phone Number** _____

POLICY # _____

[Please complete and return this form to Pastor Larry as soon as possible. **Each person** will be required to have one completed prior to our next outing away from the church. These forms will be kept on file, and will be taken with us on any outing away from Ascension. Thank you for your cooperation.]