

PLEASE PRINT CLEARLY AND READ THE BACK OF THIS FORM BEFORE SIGNING.

PRINCE OF PEACE LUTHERAN CHURCH  
LIABILITY RELEASE AND MEDICAL CONSENT FORM

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Check the appropriate blank if you have ever had any of the following and please explain under remarks.

Allergies (including drug)  Asthma  Bee/Wasp Reaction  Diabetes  Dizziness/Fainting

Epilepsy  Hay Fever  Heart Condition  High Blood Pressure  Operation in last year

Penicillin allergy  Physical Handicap  Regular Medication  Respiratory Problems

Seizures  Allergic to Poison Ivy/Oak/Sumac  Any problem not listed: \_\_\_\_\_

REMARKS: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MEDICAL RELEASE**

I certify the above information is correct and I have read the LIABILITY WAIVER AND RELEASE on the reverse side and understand its contents. I agree to its terms and sign this of my own free act and deed.

In an emergency, I do hereby give my permission to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary to hospitalize, anesthetize, diagnostically test, or perform surgery.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: (If under 18 years old) \_\_\_\_\_

Parent/Guardian Printed Name (If under 18 years old) \_\_\_\_\_

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