



10021 West Sample Road
 Coral Springs, FL 33065
 954-752-6566

Annual Medical Release
Grades Pre-K through 12
September 1, 2009—September 30, 2010

Last name: _____

First name: _____

My child _____ is participating in a Lutheran Ministry in Christ (LMIC) program or activity. In the event of an emergency, and contact with parents is unsuccessful, I/we do hereby give permission to the holder of the Annual Medical Release, as a representative and member of Lutheran Ministry In Christ Church, to act in my/our stead to consent to any medical treatment or hospitalization deemed necessary by the holder of this permission slip and a licensed physician or emergency team. By my/our signature on the reverse, I/we agree to be liable for any and all costs involved in such emergency treatment. *I/we understand that these same representatives will administer basic first aid for minor ailments such as soap, water and TLC (tender loving care).* I/we release and discharge Lutheran Ministry in Christ Church and /or the representatives involved in church sponsored activities from any liability whatsoever in exercising this permission. In case this action is necessary, the child will be taken for treatment and the following people will be contacted in the order listed below: *(please print)*

Name	Telephone Number	Relationship to child
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Our home address is: _____

Our child is covered under the following insurance. (Proof of insurance required. Attach copy of policy and/or medical card).

Insurance Company Name _____

Verification Telephone # _____ Contract # _____ Group # _____

Please list any medical conditions that may affect the health/participation of your child in the activities planned (if none, write none):

My/our child takes the following medications in the exact dosage listed. I will provide an adequate amount of medication for the event if necessary (if no medications are being taken, write none).

Date: _____

 Parent or Guardian Signature

State of Florida, County of Broward

The foregoing instrument was acknowledged before me this ____ day of _____, 200__, by _____

____ Personally Known ____ ID Presented ID Type: _____

 Notary Signature

 Notary Print Name

 Commission Expires