LEADER MEDICAL RELEASE FORM

NAME _____ AGE_____ BIRTHDATE_____ GENDER _____

STREET ADDRESS _____ CITY_____ STATE____ ZIP_____

CELL PHONE _____ EMAIL _____

INSURANCE COMPANY _____ POLICY#_____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE # _____

RELEVANT MEDICAL INFORMATION (Please use the back of this form when more space is necessary.)

1. **What was the date of your last tetanus shot?**

2. **What if any allergies do you have? (Include environmental, medications, foods, & other)**

3. **Are you currently on any medications? If so please list the name, dosage and frequency.**

4. **Do you have any major medical history or current medical needs?**

This consent form gives my permission to seek whatever medical attention is deemed necessary, and releases Trinity Lutheran Church and its staff of any liability. I understand that there are inherent risks involved in any ministry or athletic event, I release Trinity Lutheran Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my involvement. In the event that I am injured, unable to speak for myself and require treatment from a physician, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Trinity Lutheran Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date.

Printed First and Last Name _____

Signed First and Last Name _____ Date _____