

**MEDICAL RELEASE AND PERMISSION FORM FOR
ROSE OF SHARON LUTHERAN CHURCH, COTTAGE GROVE, MN.**

I give permission for my child _____ to participate in ALL YOUTH EVENTS SPONSORED BY ROSE OF SHARON.

I understand that my child will/may be in vehicles driven by members of Rose of Sharon Lutheran Church. Therefore, I hereby release and discharge Rose of Sharon Lutheran Church and their adult youth advisors and volunteers for any damage, losses, or injuries to person or property that may be sustained while participating in these activities.

I, the undersigned parent or legal guardian of the minor named above, authorize treatment and/or hospitalization that is necessary in the case of an accident or illness of my child by a licensed medical physician. However, every attempt will be made to reach me by telephone prior to any treatment.

In the event that I cannot be reached in an emergency, I hereby give my permission to the licensed physician or dentist selected by the church leader to hospitalize and/or to secure proper treatment as deemed necessary for my child. I will not hold Rose of Sharon Lutheran Church or its members liable in any way.

Signature of Parent/Guardian

Date

Address

Telephone Number(s)

In Case I cannot be reached, please notify

Telephone Number(s)

Insurance Company

Policy Number

Medical Conditions

Allergies