



# MEDICAL RELEASE FORM

Northeastern PA Synod, ELCA

Event Name \_\_\_\_\_ Event Date(s) \_\_\_\_\_

Name of Participant \_\_\_\_\_

I, the undersigned, hereby authorize a representative of the Northeastern Pennsylvania Synod to consent to and authorize the administration and performance of all treatments that may be considered necessary in the judgement of attending physicians, in the event I should be admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time as I am participating in this event.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(participant)*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*(parent or guardian if participant is under 18 years)*

\_\_\_\_\_  
*(family insurance company and policy number)*

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Permission is given to the event leaders to administer to the participant 650mg of Tylenol by mouth as needed for pain (headache, etc.)  YES  NO

Special Restrictions (dietary, rooming, physical activity, etc.) \_\_\_\_\_

## PERSONS TO NOTIFY IN AN EMERGENCY:

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

No one will be permitted to attend this event without a signed medical release form.