

# REDEEMER LUTHERAN CHURCH

1545 Chain Bridge Road      McLean, VA 22101  
703.356.3346      church@redeemermclean.org

## Medical Release Form for Program Year *Effective July 1, 2009 – June 30, 2010*

### FAMILY MEDICAL INFORMATION

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Insurance Carrier: \_\_\_\_\_ Plan #: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### CHILDREN DETAILS

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Name: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Food or Drug Allergies: \_\_\_\_\_

Special Dietary Restrictions or Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Food or Drug Allergies: \_\_\_\_\_

Special Dietary Restrictions or Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Food or Drug Allergies: \_\_\_\_\_

Special Dietary Restrictions or Concerns: \_\_\_\_\_

Name: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Food or Drug Allergies: \_\_\_\_\_

Special Dietary Restrictions or Concerns: \_\_\_\_\_

### PERMISSION FOR EMERGENCY MEDICAL TREATMENT

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In the event that I cannot give authorization in person, I hereby authorize an adult chaperone from Redeemer Lutheran Church to seek emergency medical treatment for my child(ren) listed above. This authorization is valid for \_\_\_\_\_ (date if for a specific event or "program year").

If any of the information listed above changes during the program year, I will notify the church office.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE: Date Received: _____ Received By: _____
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