

EMERGENCY MEDICAL RELEASE FORM
For Field Trips and Activities by
Fun With Faith, Sunday School, Vacation Bible
School, Confirmation, High School
 Mount Cross Lutheran Church
 102 Camino Esplendido Camarillo CA 93010-1717
 Phone: 805-482-3847 Fax: 805-482-9555 E-mail: office@mountcross.com

FOR OFFICE ONLY:

Fun With Faith

Sunday School

Confirmation

High School

Vacation Bible School

We, the undersigned parents (s)/guardian(s) of

(Name of child) _____ (Date of Birth) _____ / _____ / _____

Grade: _____ Please circle child's activities: **Fun With Faith** **Sunday School** **Confirmation** **High School** **Vacation Bible School**

Address: _____ Zip: _____

Telephone Number (home): _____ Student's E-mail address : _____

Do authorize hereby give permission to authorized representatives of Mount Cross Lutheran Church to authorize necessary emergency medical consultation, examination and treatment of the above named child, including the prescription of needed medications, in the event of accident, illness or other trauma at any medical facility.
 Information related to the care of this child can be obtained from

(Name of physician) _____

(Address) _____

(Phone Number) _____

Medical Insurance information:

(Name of Company) _____

(Member Number) _____

(Group Number) _____

Special information or instructions relating to medical conditions, allergies, medications, etc.:

This authorization is to be in effect from September 1, 2011 until August 31, 2012

Signed by parent(s) or guardians(s)

Signature of father: _____ Signature of mother: _____

Print name: _____ Print name _____

((Cell phone) _____ (Cell phone) _____

(Work phone) _____ (Work phone) _____

E-mail address : _____ E-mail address : _____

In case we cannot be reached at above numbers, please call:

(Name) _____ (Relationship) _____

(Phone) _____ (Cell phone) _____