

Our Savior's Lutheran Church Medical Authorization Form

Medical Authorization must be signed by parent or guardian (or by attendee if over 18.)

Registrant Name _____

Parent/Guardian Name _____
(First and Last Names)

Address _____

City _____ State _____ Zip _____

Emergency Phone Night: _____
 Day: _____

Insurance Company _____
Policy Number _____

Important Medical Information _____

“My son/daughter has permission to attend _____
with Our Savior's Lutheran Church. In the event that I cannot be reached in an emergency, I
hereby give my permission to the physician selected by the pastor or adult leader to secure proper
treatment for my child as named above.”

Signature _____ Date _____