

**Grace Lutheran School
2018-2019**

Medical Release / Liability Waiver

Because of unforeseen hazards, there is always the possibility of accidents and injuries. In completing this form you are giving consent for whomever may be supervising your child to administer anesthetic and/or emergency medical treatment. Your signature also releases the school, the teachers, any volunteer and Grace Lutheran Church from any liability in the event of an accident. You are granting permission for the staff or any volunteer of Grace Lutheran School to transport or arrange for transportation of your child to any nearby medical facility.

Student Name: _____

Parent Names: _____

Phone Numbers: _____

If unavailable, please phone in case of emergency:

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Hospitalization Insurance: _____

History of Diabetes or Epilepsy? _____

Allergies to Sulfa, Penicillin, etc.? _____

Signature of Parent/Guardian: _____
Signature Date