

33 Bay Shore Road  
Deer Park, New York 11729  
(631) 242-6612



[ascensionluthprek@gmail.com](mailto:ascensionluthprek@gmail.com)  
[www.ascensionlutheran.org](http://www.ascensionlutheran.org)

### Medical Release Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Is your child currently on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes", please list specific medication and what it's for: \_\_\_\_\_

Are all immunizations currently up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

If "no" please explain \_\_\_\_\_

Chronic or recurring illnesses? \_\_\_\_\_

Conditions that require activities to be restricted? \_\_\_\_\_

Any conditions that require special consideration/accommodations? \_\_\_\_\_

Appliances worn? (glasses, contacts, etc.) \_\_\_\_\_

Operations or serious injuries and dates? \_\_\_\_\_

Any past serious or contagious illnesses? \_\_\_\_\_

In the case of a medical emergency when I cannot be reached please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I am the parent/legal of \_\_\_\_\_ and do hereby give my permission for any medical treatment deemed necessary in case of an emergency. I give authority for Ascension Lutheran Church to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_