

MEDICAL RELEASE FORM

I give my child, _____ permission to attend the special events sponsored by Ascension Lutheran Church in Thousand Oaks, CA. I also give my permission for the advisors / pastors / teachers of these events to authorize any medical treatment as they see fit if my child is injured or becomes sick, in the event that I may not be reached.

Child's date of birth: _____ MALE / FEMALE (circle one) GRADE: 9th 10th 11th 12th (circle one)

Address: _____ Phone: _____

Medical Conditions / Allergies: _____

Insurance Company: _____ Policy Number: _____

Parent's name: _____ Signature: _____ Date: _____

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