

Date Night Medical/Release Form

Parent(s) Name(s): _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Emergency Contact Person: _____ Phone Number: _____

Child(ren)'s Names and ages:

1. _____

2. _____

3. _____

4. _____

Any medications/special needs/allergies/information that we should know: _____

Family Doctor: _____ Phone: _____

Insurance Company: _____

Policy or I.D. Number: _____

I/We, as the parent(s) or legal guardian(s) of the above child(ren), hereby authorize a representative of Trinity Lutheran Church to act in my/our behalf in obtaining and authorizing unexpected medical care if I/we and the emergency contact person can not be reached.

I will be here no later than 10:00pm to pick up my child(ren), and understand that the high school youth of Trinity will be taking care of them, feeding them, entertaining them, and sharing the love of God with them.

Name: _____ Date: _____

Signature: _____

Have a wonderful date!