

**St. Peter Lutheran Church Emergency Medical Information and Release Form  
Student Ministry**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_  
Home Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Email \_\_\_\_\_

Custodial Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_

Health Plan Carrier \_\_\_\_\_  
Name of Insured \_\_\_\_\_  
Relationship \_\_\_\_\_  
Insurance ID Number \_\_\_\_\_  
Group Number \_\_\_\_\_  
Family Doctor Name \_\_\_\_\_  
Doctor Phone \_\_\_\_\_

Second Parent or Emergency Contact Person \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**Please specify any health conditions:**

Allergies? \_\_\_\_\_  
Heart Condition? \_\_\_\_\_  
Asthma? \_\_\_\_\_  
Seizure Disorders? \_\_\_\_\_  
Hearing Aids? \_\_\_\_\_  
Last Tetanus? \_\_\_\_\_  
Medications Taken? \_\_\_\_\_  
Other? \_\_\_\_\_

I hereby release and forever discharge St. Peter Lutheran Church, its agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damage and causes of action either at law or in equity that I may have as a result of my child's participation in, attendance at, and travel to and from activities with St. Peter Lutheran Church. Furthermore, I do hereby expressly stipulate, and agree to indemnify and forever hold harmless St. Peter Lutheran Church, its agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from and all present and future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during activities with St. Peter Lutheran Church or travel to and from events.

I, the undersigned, hereby acknowledge that I have read the foregoing, understood its contents, and have signed the same as my own free act and deed.

**Parent/Guardian Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_