

Medical Release Form

Trinity Lutheran Grade School
401 Norval St.
Waco, NE 68460
402-728-5364
pstern@nelhs.org

Student(s) Information

Name(s) and Date of Birth _____

Address _____

Phone _____

Medical Information (list any information doctors should know prior to giving medical treatment).

Name _____ Information _____

Name _____ Information _____

Name _____ Information _____

Parent/Guardian Name _____

Address _____

Home Phone _____

Cell Phone(s) _____

Work Phone(s) _____

Insurance Company _____

Policy # _____

Phone # _____

Deductible _____

I, hereby, give permission for the faculty of Trinity Lutheran Grade School to obtain medical treatment for my child in case of an emergency.

(signature)

(date)