

DATE: \_\_\_\_\_

## Family Date Night Release Form

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

### Emergency Information:

Parent's Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Member Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Non-Parent Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I, the undersigned, give my permission for my above named child/ren to participate in an event sponsored by St Luke Lutheran Church. I hereby release St Luke Lutheran Church, it's staff, volunteer workers, sponsors, and insurers from responsibility and liability for any injury, illness, loss or damage to person or property that may occur during the course of my daughter's/son's involvement with St Luke Lutheran Church.

In the event of an emergency, I hereby authorize one of the adult leaders of St Luke Lutheran Church, as agent for me, to consent to an X-ray examination, medical, dental, or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital.

\_\_\_\_\_  
Parent/Legal Guardian Name

\_\_\_\_\_  
Signature