



Advent Lutheran Church CMT Medical Release Form

Advent Lutheran Church
16870 Murphy Avenue
Morgan Hill, CA 95037
408-779-3551

Child's Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Insurance Company Information:

Company: _____

Policy #: _____

Phone: _____

**Name of Adult
on policy:** _____

Phone Numbers:

Home: _____

Parent Work: _____

Alternate Emergency Contact:

Name: _____

Phone: _____

List any medical or physical conditions, allergies, and any medications being taken (along with instructions for taking them):

The above-named person has my permission to participate in Advent Lutheran Church Christian Music Theater activities. I hereby release Advent Lutheran Church, its members, employees, and volunteers of any liability in the event of illness, accident, or injury. In case of emergency, I authorize an adult leader to obtain emergency medical treatment as required. I understand that I and my insurance are responsible for all medical treatment costs and ambulance costs incurred, and I agree to pay all such costs.

Parent/Guardian Signature: _____ **Date:** _____

Advent Lutheran Church carries a \$100,000 bodily injury and a \$25,000 property damage insurance policy.