

Our Savior's Lutheran Church
1274 Cunningham Lane S.
Salem, Oregon 97302
503-399-8601

Trip Authorization and Medical Release Form

In case of emergency, I give my permission for medical treatment, at my expense, for my child _____, from _____ to _____.
(child's name) (date) (date)

Signature _____ Date _____
(parent/guardian)

Address _____

Home phone # _____ Work phone # _____ Other # _____

If parent can not be reached, please contact _____
(name)

Phone # _____

Family Physician _____ Phone # _____

Insurance Company _____ Policy # _____

Chronic Illness or Allergies _____

Current Medications _____

Date of last D.P.T. Immunization _____

I give my child permission to attend _____,
(trip and group name)

and on behalf of my child, and his/her heirs, hereby release Our Savior's Lutheran Church, its staff and any sponsors or persons associated with the outing, from any and all loss or damages resulted therefrom, on account of injury to the child, while the child is participating in this activity.

He/she further expressly agrees that this release and waiver is intended to be as broad and inclusive as permitted by laws of the State of Oregon, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.