



**TRINITY EVANGELICAL
LUTHERAN CHURCH
AND SCHOOL**
CROWN POINT, INDIANA

*Together we hear, know and feed upon Jesus Christ, God's living
Word, growing in Him and sharing Him to the glory of God.*



Rev. David A. Easterday
Senior Pastor

Rev. David P. Kipp
Associate Pastor

John E. Schultz
School Principal

Paul R. Wendt
Dir. of Christian Education

Karol Ketcher
Music Director

Brandon D. Grelle
Dir. Of Contemp. Worship & Youth

Medical Treatment Consent Form

I hereby give permission for any and all medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc. under the direction of the persons listed below until such time as I may be contacted. This release is effective for the time during which my child is participating in the athletic program for the 2010-2011 season, including traveling to or from competition. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian Name _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Insurance Company _____

Policy Number _____

Family Physician _____

Physician Address _____

City _____ State _____ Zip Code _____

Physician Phone Number _____

My child's known allergies _____

In case I cannot be reached, the following people are designated to give medical treatment consent for my child:

Coach's Name(s): _____ & Athletic Director

Parent/Guardian Signature Date

****This form will accompany your child to all athletic events both at Trinity and at other schools. ****