

2021 ELS Christian Day School Olympics Medical Release Form

Child's Name: _____ M _____ F _____
last, first

School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers Where Parent/Guardian can be reached:

Home: _____

Work: _____

Cell: _____

Please list any medical conditions we need to be aware of:

In the event of illness or injury to my child while traveling to, from or in attendance at the 2021 Evangelical Lutheran Synod Christian Day School Olympics, I hereby give consent for emergency treatment to be administered to the above named child.

Signature of Parent or Legal Guardian Date _____