

Medical Release Form

Rarely do serious accidents or illness occur at Our Savior Lutheran School or while traveling for school purposes: but in the event your son or daughter should need medical treatment by the school personnel or a local physician, your signature below will allow us to provide or secure such treatment without delay. In the event of serious accident or illness you will be notified as quickly as possible.

This authorizes Our Savior Lutheran School to provide or secure necessary treatment for

while in school or at a school function or trip. When deemed necessary, Our Savior Lutheran School may secure a physician's services at my expense.

Parent's signature

NAME & NUMBER OF INSURANCE COMPANY

Date