

Please put medical release form along with \$25 fee in Pastor Steve's mailbox by Sunday, October 19 .

CONFIRMATION RETREAT MEDICAL RELEASE FORM

I/We, _____ as parent(s)
or guardians of _____ delegate my/our legal
authority to consent to healthcare on behalf of such child to St. Paul Lutheran Church
(Borchers). This delegation is to make decisions in good faith and in the best interest of my/
our child. This delegation is effective November 7-9, 2025.

Signature of Parent(s): _____ Date: _____

MEDICAL INFORMATION

Child's Name _____

Allergies _____

Dietary Restrictions: _____

Present Medications: _____

Any medical condition(s) physician should know about: _____

