



## EPIPHANY LUTHERAN CHURCH

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MDO Directors



## MEDICAL RELEASE 2025-2026

I give my permission for my child \_\_\_\_\_ to be  
Your child/childrens' name

transported to the nearest medical facility and given medical care in case of an emergency.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

EMERGENCY CONTACT – cannot live with child

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_