

# St Luke Lutheran Church



**YOUTH EVENT  
PARENTAL PERMISSION  
AND  
MEDICAL AUTHORIZATION FORM**

**Event:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date(s):** \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

I give permission for my child to attend the St. Luke Lutheran Church event listed above.

### Medical Release

I hereby request and authorize the following St. Luke Lutheran Church youth leaders: \_\_\_\_\_, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

### Custody Release

I further authorize the following St. Luke Lutheran Church youth leaders: \_\_\_\_\_ to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

### Activity Release

I further give permission for my child to participate in all supervised activities except as noted:

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**                      **Printed name of Parent or Guardian**                      **Date**

## EMERGENCY CONTACT INFORMATION

### Parent/Guardian

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City    State      Zip

### List Contact Numbers and Email Addresses


### Other Emergency Contact

### List Contact Numbers and Email Addresses

\_\_\_\_\_  
Name(s)    Relationship to Participant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# St Luke Lutheran Church



<b>INSURANCE AND HEALTH INFORMATION</b>
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**Participant Name:** \_\_\_\_\_

**Physician**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Policy Holder

**Dentist**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Dental Insurance Company

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Policy Holder

Please attach copies of the <u>front and back</u> of the Participant's health insurance card(s).
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Please list any allergies to drugs, foods, plants, insects, etc:

Please list any prescription medication (and dosage information) to be taken by the participant:

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in St. Luke Lutheran Church activities (surgeries; serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

\_\_\_\_\_  
Signature of Parent or Legal Guardian      Printed name of Parent or Guardian      Date