

Youth Permission and Medical Emergency Form

Name of Minor: _____ Birth Date: _____

Congregation: _____

Allergies or Special Conditions: _____

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint the following individual(s) to act on my/our behalf in authorizing medical, dental, surgical care and hospitalization for the above named minor during the period of their absence from my care, from August 6-8, 2010:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

In case of emergency and I/we are not available, please contact:

Name: _____ Phone: _____

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as medical, dental, surgical care or hospitalization may be required.

The above participant is authorized to participate in the Michigan District Junior High Youth Gathering 2010 at Concordia University, Ann Arbor from August 6-8, 2010 and to travel in a private car, van or bus to, during, and from the event.

I/we do hereby release the Michigan District Lutheran Church – Missouri Synod, the listed congregation, their respective representatives, the driver and/or adult leaders from and of any liability for injury.

Parent/Guardian: _____ Date: _____
Signature

Parent/Guardian: _____ Date: _____
Signature

Parent's Contact Phone Number(s): _____

Insurance Company: _____

Address: _____

ID or Contract Number: _____

Family Physician's Name and Phone Number: _____