

Annual Minor Participation Authorization and Consent to Emergency Medical Treatment Form
Emanuel Lutheran Church - New Haven, IN

Name of Participant: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Phone (alternate / mobile): _____

EMERGENCY CONTACTS

1. Name _____ Relationship to Participant _____

Phone: _____ Phone (alternate / mobile): _____

2. Name _____ Relationship to Participant _____

Phone: _____ Phone (alternate / mobile): _____

INSURANCE INFORMATION

Medical Insurance Co. _____

Policy No.: _____

Physician or Clinic: _____

Phone: _____

Specific medical conditions or other necessary health information:

Drug Allergies: _____

Other Allergies: _____

Current Medications: _____

Date of last tetanus shot: _____

PARENTAL AUTHORIZATION: As the parent or guardian of

_____, I, the undersigned being the parent or legal guardian of the child named above ("the child"), do hereby consent to the participation of my child in the activities which include retreats, trips out of Fort Wayne, pool parties, skating, skiing, beach trips, and other activities that may be associated with youth groups specifically at Emanuel Lutheran Church of New Haven, IN I give permission for my child to participate and be transported to and from these activities. I understand that neither Emanuel Lutheran Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature of Parent/Guardian: x _____ **Date:** _____

MEDICAL RELEASE: As the parent or guardian of

_____, I do herewith authorize the treatment by a qualified and licensed medical doctor / practitioner of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. In a life threatening emergency, treatment will be administered immediately.

Signature of Parent/Guardian: x _____ **Date:** _____