Youth Event Medical Release Form

Valid September 14, 2014 to September 13, 2015

Youth	Name		Date of Birth
Address			
Town		State	Zip

Parent/ Guardian	Name	
Home phone	Work Phone	Cell phone/beeper

Emergency Contact 2	Name		Relation
Home phone	Work Phone	Cell phone/beeper	

Emergency Contact 3	Name		Relation
Home phone	Work Phone	Cell phone/beeper	

Medical Insurance *(Alternatively, a photocopy of insurance card may be given)*	Company	Check here if no health insurance:
Policy #	Name on policy	
Group #	Phone # for Insurance pre-cert (if applicable)	

Medical Information	Allergies?	
Medications?		
Family Physician	Physician Phone #	May aspirin, acetominophen (Tylenol), and/or ibuprofen be given?
Family Dentist	Dentist Phone #	
Other medical info we should know:		

Each statement must be initialed by parent/guardian.

_____ The child under my care, _____, has my permission to attend and participate in youth ministry-sponsored events of Trinity Evangelical Lutheran Church of Perkasie, PA during the dates listed above. I understand that I may be asked to provide specific permission for certain events.

_____ I give permission to those in charge of said events to administer necessary medications to my child.

_____ In the event that my child becomes ill or sustains an injury while attending a youth ministry-sponsored event, I give my permission to those in charge to take whatever steps are necessary to stop any bleeding and administer first aid.

_____ In the event that my child becomes ill or sustains an injury while attending a youth ministry-sponsored event, I give my permission to those in charge to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a duly licensed physician or dentist. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. I understand that I will be contacted as soon as possible if such an injury or illness occurs.

_____ If my child is asked to return home due to disciplinary action, medical reasons, or otherwise, I agree to provide transportation and to cover all associated and related expenses.

_____ I agree to release Trinity Evangelical Lutheran Church, its staff, and its volunteers from any liability arising out of any accidents and/or injuries suffered by the above-named youth, and I agree not to hold Trinity Evangelical Lutheran Church responsible for any such accidents or injuries.

Parent's signature

Date