

FIRST ENGLISH EVANGELICAL LUTHERAN CHURCH

1603 Monument Avenue, Richmond, Virginia 23220

Phone: (804) 355-9185, Fax: (804) 358-6113

PERMISSION AND MEDICAL TREATMENT AUTHORIZATION

THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS. For those under 18, A PARENT/GUARDIAN SIGNATURE IS REQUIRED.

Name of Participant: _____
Youth under 18 Adult 18 or over

Medical Insurance Carrier: _____
Policy / Contact Number: _____

Allergies / Disabilities / Special Medical Conditions, Food Needs or other concerns of which event leaders should be aware: _____

Medications you are taking: _____
I give permission to be treated if I am unable to answer: (Please sign) _____

Emergency Contact Information:

Name: _____

Relationship: _____

Daytime phone: (____) _____

Nighttime Phone: (____) _____

Secondary contact person: Name: _____

Relationship: _____

Daytime phone: (____) _____

Nighttime phone: (____) _____

Parents / guardians of youth participants must complete this section:

The undersigned represent that they are the parents or legal guardian of _____
_____ a minor, and hereby consent to said minor's participation in an event or trip
by members of the First English Lutheran Church Youth Group.

Event / Trip (Departure / Destination): _____

The undersigned further states that they thereby release the said church and the parents, their heirs, administrators, executors and assigns, from liability for any and all injuries, losses and damages to person and property which may be sustained or received by the aforesaid minor and arising out of and in connection with said trip. The undersigned further states that in the event of medical emergency during the period of said trip, the said above sponsors are hereby authorized to obtain all medical care and treatment for said minor which in the sole judgment and discretion of the above named sponsors shall be deemed necessary, included but not limited to, surgery, anesthesia, blood transfusion and hospitalization. The undersigned further agree to indemnify the said supervisors and save them harmless of and from any and all expense arising of said medical care and treatment rendered on behalf of said minor.

Date: _____ Parent/Guardian: _____