

EMERGENCY MEDICAL FORM

St. Paul Lutheran Youth Ministry

Name: _____ Birthday: _____ Age: _____

Name of Parent(s)/Legal Guardian: _____

Address: _____ Apt. _____ City: _____ Zip: _____

Phone #: (____) _____ Cell #: (____) _____ Youth's Cell #: (____) _____

Parent's Email: _____ Youth's Email: _____

You have my permission to use text messaging to contact: ___Parents ___Youth ___Neither

List any health problems the participant has (including allergies): _____

List any medications the participant is on (please include contacts): _____

Additional comments and/or restrictions: _____

You have my permission to give (child's name): _____

Tylenol ___ Advil ___ Parent's Signature _____

In case of emergency, contact:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

You have my permission to use pictures taken of (child's name) _____ in

church related promotions (i.e. website, fliers, posters, etc.)

Parent's Signature _____

We (I) the parent(s) or legal guardian(s) of _____, hereby grant our (my) permission for him/her to participate fully in St. Paul Lutheran Church's Youth Ministry (SPLYM) activities and will contact SPLYM if we(I) do not want our(my) child to attend an event. We (I) understand he/she may leave the St. Paul campus for events under adult supervision. We(I) also hereby give our(my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all related medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume responsibility for all transportation costs.

Insurance Information

Hospital Insurance: Yes No

Insurance Company:

Policy Number: _____

Is a preauthorization call required? Yes No

Physician: _____

Physician's phone #: _____

Signatures: If under 21, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.

Father: _____

Mother: _____

Legal Guardian: _____

Participant (If over 21): _____