

Office Use Only: Allergies Yes or No



Emergency Medical Release Form

Confidential

Date _____

Youth Information

Student Name _____ Phone # _____

Male Female Email address _____

Address _____

City _____ State _____ Zip _____

Birthday _____

Parent Information

Parent/Guardian (s) _____

Work # _____ Cell # _____

Emergency Contacts

Name _____ Relationship to Youth _____

Phone # _____

Name _____ Relationship to Youth _____

Phone # _____

Name _____ Relationship to Youth _____

Phone # _____

Insurance Information

Insurance Company _____

Policy Holder _____

Policy # _____



Medical Information

Allergies _____

Medical/Learning Conditions _____

Medications _____

Restrictions (Physical, Mental, Dietary) _____



I, _____ hereby give my consent to St. Paul Lutheran Church (Pastor, Youth and Family Ministry Coordinator, and/or SPLC On Call Nurse) who will be caring for my child, _____, to arrange for routine or emergency medical/dental care and treatment necessary to preserve the health of my child. I hereby state that all the above information is correct.

I, _____ give my permission to St. Paul Lutheran Church (Pastor, Youth and Family Ministry Coordinator, and/or SPLC On Call Nurse) to provide my child, _____ with necessary non-emergency treatment as needed. This treatment includes: basic first aid, treatment for headaches and/or 3 PMS cramps, and ice for bumps and bruises.

I, _____ do not give consent to St. Paul Lutheran Church (Pastor, Youth and Family Ministry Coordinator, and/or SPLC On Call Nurse) to provide my child any medical treatment emergency or non-emergency.

Signature _____ Date _____

Printed Name _____ Relationship to Youth _____



Consent Form and Liability Waiver

Confidential

Date _____

Permission is granted to *St. Paul Lutheran Church*, its Youth and Family Ministry Coordinator, Pastor, and volunteers to allow my child _____ to participate in any and all youth activities and events, and to be transported to and from said activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against *St. Paul Lutheran Church*, and its youth ministry and any parties volunteering on behalf of *St. Paul Lutheran Church* or its youth ministry from all actions, claims, costs, expenses, or damages of any kind growing out of or related to the activities. I acknowledge that this is a full and complete release for all injuries and damages which the above student may sustain as a result of participating in the activities.

I authorize the Pastor and/or Youth and Family Ministry Coordinator, in the event that I cannot be contacted by phone, to give consent for medical treatment by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site.

Further, I affirm that the health insurance information provided on the Emergency Medical form is accurate at this date and will, to the best of my knowledge, still be in force for my child (named above).

Signature _____ Date _____

Printed Name _____ Relationship to Youth _____