

Annual Youth Emergency Medical Consent Form for 9/2015-9/2016
Concordia Evangelical Lutheran Church Duluth, Minnesota

Youth Name: _____
first last initial age date of birth

Home Address: _____
number & street city state zip phone number

Email addresses: _____
youth parent/family

Parent/Guardian Name/s: _____
first last

Home Address: _____
number & street city state phone number

Additional Phone numbers: _____
mother's work # father's work # cell phone #

Additional Emergency Contact Person: _____
name relationship phone number

I do ☐ do not ☐ consent to having event pictures of me used for the church website, newsletter, and publicity posters.

AUTHORIZATION FOR EMERGENCY TRANSPORTATION AND TREATMENT

I do ☐ do not ☐ authorize an adult leader to transfer my son/daughter to a physician's office and/or emergency room in the event that emergency medical care is needed.

I do ☐ do not ☐ authorize an adult leader to treat my son/daughter as they deem necessary in the emergency situation.

Name of medical insurance company: _____

Name of primary listed on the insurance policy: _____

Policy number of medical insurance: _____

Is your son/daughter presently taking any medication YES ☐ NO ☐

If yes, list medication/s: _____

Allergies (please list): _____

Dietary restrictions: _____

Signature of parent/guardian: _____ Date: _____

By signing this form, I give my son/daughter permission to engage in all Concordia Evangelical Lutheran Church sponsored activities. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the adult leader to secure proper treatment for my child as named above.

****Note: This authorization will allow your son/daughter to receive medical treatment in timely manner if he/she has a broken bone or other non-life threatening illness or injury AND you are not able to be contacted to authorize medical treatment for your child.**