

Youth Permission and Medical Emergency Form

Name of Minor: _____ Birth Date: _____

Congregation: _____

Allergies or Special Conditions: _____

I/We, being the parent(s) or legal guardian(s) of the above named minor, do hereby appoint the following individual(s) to act on my/our behalf in authorizing medical, dental, surgical care, and hospitalization for the above named minor during the period of their absence from my care, from June 5–7, 2020.

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

In case of emergency and I/we are not available, please contact:

Name: _____ Phone: _____

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as medical, dental, surgical care, or hospitalization may be required.

The above participant is authorized to participate in the 2020 Michigan District Junior High Youth Gathering in Frankenmuth from June 5–7, 2020, and to travel in a private car, van, or bus to and from the event.

I/we do hereby release the Michigan District of The Lutheran Church—Missouri Synod, the listed Congregation, their respective representatives, the driver and/or adult leaders from and of any liability for injury.

Parent/ Guardian: _____ Date: _____
Signature

Parent/ Guardian: _____ Date: _____
Signature

Parent's Contact Phone Number(s): _____

Insurance Company: _____

Address: _____

ID or Contract Number: _____

Family Physician's Name: _____ Phone Number: _____