Advent Lutheran Church
2015-2016
Children/Youth Ministry
Information, Permission, and
Emergency Treatment Form

Minor's Name: _____
First Middle Last

Date of Birth: _____ **Grade:** _____

Minor's Home Address: _____
Street City State Zip Code

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Minor: _____ Phone Numbers: ( ) _____ ( ) _____

E-Mail: _____

Home Address: _____
(If Different) Street City State Zip Code

Second Parent/Guardian or other emergency contact:

Name: _____ Relationship to Minor: _____ Phone Numbers: ( ) _____ ( ) _____

E-Mail: _____

Home Address: _____
(If Different) Street City State Zip Code

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship to Minor: _____ Phone Numbers: ( ) _____ ( ) _____

Date of Tetanus Booster: _____

Allergies: □ No known allergies. □ Minor is allergic to: □ Food □ Medicine □ Other
(Name allergens below and decribe reactions-Use back if necessry.)

Medical Information: List any other medical information which should be noted.

Medications: List any medications-including dosage-that minor is currently taking.

Primary Physician: _____ Phone: ( ) _____

Insurance Carrier: _____ Policy # _____

This form grants permission for the above-named minor to participate in activities developed or coordinated by Advent Lutheran Church; including those activities where transportation, in private vehicles, is provided.

I understand that photographs of my child may be taken that have the potential to be used in Advent Lutheran Church exhibits, published in local newspapers and in Advent publications, or published on the Advent web site or in other digital media, unless I expressly request **in writing**, that photographs of my child not be used for such purposes by the church.

I agree to indemnify and hold harmless Advent Lutheran Church and each of their officers, employees, leadership, and volunteers from any and all liability and expenses with respect to claims for all damages or losses that may be asserted by their participation in all activities provided by Advent Lutheran Church.

In the event I cannot be reached in an emergency, I as the parent/legal guardian of the above-named minor, request that he/she be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, or operative procedures and x-ray treatment of the above-named minor. I have not been given a guarantee of the reasult of examination or treatment. I authorize the hospital or medical facility to dispose of any specimens or tissue taken from the above-namedminor. **Any facsimile, copy or photocopy of this authorization shall be valid as an original and will authorize you to render treatmenthereunder and/or to release the information herein.**

Signature of Parent/Guardian: _____ **Date:** _____