

<b>Advent Lutheran Church</b>  <b>Children/Youth Ministry</b> <b>Information, Permission, and</b> <b>Emergency Treatment Form</b>	<b>Minor's Name:</b> _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> <b>Date of Birth:</b> _____ <b>Grade:</b> _____
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**Minor's Home Address:** \_\_\_\_\_

	Street	City	State	Zip Code	
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Parent/Guardian with legal custody to be contacted in case of illness or injury:

<b>Name:</b> _____	Relationship _____	Phone _____	( ) _____
	to Minor: _____	Numbers: _____	( ) _____
		E-Mail: _____	_____

**Home Address:** \_\_\_\_\_

(If Different) \_\_\_\_\_

	Street	City	State	Zip Code	
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Second Parent/Guardian or other emergency contact:

<b>Name:</b> _____	Relationship _____	Phone _____	( ) _____
	to Minor: _____	Numbers: _____	( ) _____
		E-Mail: _____	_____

**Home Address:** \_\_\_\_\_

(If Different) \_\_\_\_\_

	Street	City	State	Zip Code	
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Additional contact in event parent(s)/guardian(s) cannot be reached:

<b>Name:</b> _____	Relationship _____	Phone _____	( ) _____
	to Minor: _____	Numbers: _____	( ) _____

**Date of Tetanus Booster:** \_\_\_\_\_

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

**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 result of examination or treatment. I authorize the hospital or medical facility to dispose of any specimens or tissue taken from the above-named minor. **Any facsimile, copy or photocopy of this authorization shall be valid as an original and will authorize you to render treatment thereunder and/or to release the information herein.**

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_