

**SAINT JAMES/CALVARY LUTHERAN  
EMERGENCY PERMISSION/HEALTH SLIP  
AND LIABILITY RELEASE  
GOOD FROM JUNE 2, 2021 THROUGH JUNE 2, 2022**

\_\_\_\_\_ (Youth full name) has my permission to attend all St. James/Calvary Lutheran Church Youth Ministry Activities. He/She has my permission to participate in all of the activities of any and all trips in state or out of state. These activities include but are not limited to: Conferences, Youth Gatherings, wild caving, mission trips, overnight retreats, low and high ropes course, backpacking, camping, etc. In my absence, should there be a need for medical treatment; the leaders have my permission to seek medical assistance and or treatment for my youth on my behalf. This includes, but is not limited to, any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care that may need to be rendered. When signing this form, the parents/guardian of the above-mentioned youth, voluntarily releases St. James Lutheran Church and Calvary Lutheran Church, the staff of St. James Lutheran Church and Calvary Lutheran Church and all volunteers, from any and all liabilities.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Date

(seal)

\_\_\_\_\_  
*My Commission Expires*

The Youth named above has hospitalization insurance with \_\_\_\_\_

The Policy number is \_\_\_\_\_

This policy is in the name of \_\_\_\_\_

Primary Numbers: Father's Cell numbers \_\_\_\_\_

Mother's Cell numbers \_\_\_\_\_

Home phone number: \_\_\_\_\_ Father's Work phone number: \_\_\_\_\_

Mother's Work phone number: \_\_\_\_\_

In the case of an emergency and you are unable to be contacted, whom should we contact next?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any allergy to medications, food, insect bites, etc.?

\_\_\_\_\_

Are there any medical conditions that we should be made aware of? \_\_\_\_\_

\_\_\_\_\_

Does your youth take any medications routinely? \_\_\_\_\_ If yes, list the name of medication and dosage schedule below.

**DAILY MEDICATIONS, TO BE TAKEN ON TRIPS:**

Medication	Times

Does your youth know his/her medication schedule? \_\_\_\_\_

Is your youth responsible for taking his/her medication on his/her own? \_\_\_\_\_

If needed, do the leaders have permission to give over the counter Tylenol, aspirin, etc. for headaches, fever, muscle soreness? \_\_\_\_\_

Home address:

Street \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email of Father: \_\_\_\_\_

Email of Mother: \_\_\_\_\_