

**SAINT JAMES/CALVARY LUTHERAN
EMERGENCY PERMISSION/HEALTH SLIP
AND LIABILITY RELEASE
GOOD FROM JUNE 2, 2023 THROUGH JUNE 2, 2024**

_____ (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, voluntarily releases Calvary Lutheran Church, the staff of Calvary Lutheran Church, the officers, council members, church members and all volunteers, from any and all liabilities, and cost of medical treatment.

I, _____, the parent/legal guardian of _____ [participant] grant St. James Lutheran Church and/or Calvary Lutheran Church my permission to post photographs of _____, (youth participant) while participating in any and all St. James and/or Calvary Lutheran Church activities, and agree that photos can be posted on any and all St. James Lutheran church and/or Calvary Lutheran Church social media platforms.

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 number _____

Mother's Cell number _____

Youth's Cell number _____

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: _____