

Grace Lutheran Church, Marshfield, WI

Medical Permission Form

Participant's Name _____

As parent/guardian of the above named minor, I hereby grant permission for my son/daughter to participate in all Youth Group events.

I also grant permission for any adult chaperone with our group to take whatever steps may be necessary to obtain emergency care as warranted for the well being of my son/daughter. These steps may include but are not limited to the following; Attempts to contact a parent or guardian, Attempts to contact student's physician, Seek medical examination/treatment for injuries/condition by medical professional

~*~*~*~*~*~*~*~*~*~

Medical Information

Name of Parent/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home (_____) _____ Cell (_____) _____

Medical Insurance Company Name _____

Medical Insurance Policy Number _____

Group Number (if applicable) _____

Name of Policy Holder _____

Medications being taken/dosage/frequency _____

List ALL Allergies (food/meds/pets/etc.) _____

List any special dietary needs _____

Date of last Tetanus shot _____

Please state any additional health, emotional or other conditions of which we should be aware

My signature below indicates that I understand and agree to the policy and terms listed above and agree that any expenses incurred in necessary emergency or other medical treatment will be borne solely by the student's medical coverage and/or family. I will not hold any leader or organization liable for any injury or accident.

Participant Signature

Date

Parent/Guardian Signature

Date

**NOTE: Every minor attending an event must have the Medical Permission Form which will the church group leader will keep during the event.*