

INCARNATION LUTHERAN CHURCH



YOUTH ACTIVITY PERMISSION FORM

This is a permission form for your son/daughter to participate in all activities on or off of the church grounds for the current school year. All activities will be announced ahead of time at youth meetings. No youth will be allowed to participate unless a permission form is on file with the sponsors.

Permission is hereby granted for:

1. _____
2. _____
3. _____

to participate in this year's youth group activities, at the church and off of the church grounds. It is understood that all reasonable caution will be taken by those in charge to prevent injuries, but neither those persons in charge or INCARNATION LUTHERAN CHURCH shall be held responsible in case of accident or death.

It is further agreed that the above youth will abide by the rules and regulations which may govern the activities and will conduct themselves in a manner which is consistent with the Christian faith.

DATE: _____

SIGNED: _____

(Parent or Legal Guardian)

Youth _____

Youth _____

Youth _____

MEDICAL INFORMATION AND RELEASE

YOUTH'S NAME _____ AGE _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Mother's Work Phone Number _____ Father's Work Phone Number _____

If you can not be reached

Person to contact: _____ Phone Number _____

Allergies _____ Last tetanus shot _____

Medications _____

Additional Medical Information _____

(I) (We), the undersigned, parent(s) / legal guardian(s) of _____ do hereby authorize the pastors, sponsors, teachers of Incarnation Lutheran Church to be the agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of, any surgeon or physician, licensed under the provisions of the Medical Practice Act, on the medical staff of any accredited hospital, whether such diagnosis is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power on the part of our aforesaid treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

It is further understood that all effort will be made to get in touch with parent(s) / legal guardian(s) prior to the use of authorization.

MEDICAL INSURANCE COMPANY NAME _____

POLICY # _____ ID # _____ GROUP # _____

PARENT SIGNATURE _____ DATE _____

PRINTED NAME _____