

**Christ Evangelical Lutheran Church
Permission For Medical Treatment**

MEDICAL PERMISSION: I/We hereby give permission for my child, named below, to participate in Christ Evangelical Lutheran Church Youth Group activities and release Christ Evangelical Lutheran Church from any damages which may result due to accident or injury. I understand that all attempts will be made to contact the person(s) listed on this form in an emergency. I, the undersigned, hereby authorize a representative from Christ Evangelical Lutheran Church to consent to and authorize emergency medical treatment, surgery, or dental care to be given to my child as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Child's Name: _____

Child's Age and Birthdate: _____

Emergency contact person:

Name: _____

Phone Number: _____

Emergency contact person (2):

Name: _____

Phone Number: _____

Parent/Guardian signature: _____

Date: _____

Family Physician: _____

Phone: _____

Family Insurance Co.: _____

Policy No.: _____

List any existing medical conditions or allergies:

