

# PARENTAL CONSENT / MEDICAL AUTHORIZATION FORM

We, the parents or legal guardian of \_\_\_\_\_ age \_\_\_\_\_ do hereby release from any liability for any injuries, damages, or loss that my child may sustain while participating in the youth activity stated below, Trinity Lutheran Church, 300 S. Ardmore, Villa Park, Illinois, and all youth counselors and adults in charge. We will be praying for safety and a spirit of Christian fellowship during he event.

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(date)

I, \_\_\_\_\_, give permission for my child,

\_\_\_\_\_  
(name of child)

\_\_\_\_\_  
(date of birth)

to participate in \_\_\_\_\_  
and to ride in any vehicle as designated by the adults in charge.

Should emergency treatment become necessary I authorize one of the adults responsible for my child to act on my behalf in approving appropriate medical treatment, including x-rays, injections, anesthesia, or surgery.

Where I can be reached: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

If I can't be reached please call \_\_\_\_\_ at ( ) \_\_\_\_\_.  
Name and relationship to child

Please note these medical/behavioral concerns for my child:

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_

Your Medical Insurance Policy Name and Number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_