

PARENTAL CONSENT / MEDICAL AUTHORIZATION FORM

We, the parents or legal guardians 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 the event.

(Signature of parent / guardian)

(date)

I, _____, give permission to my child,
(parent / guardian)

(name of child)

(date of birth)

To participate in _____
and to ride in any vehicle as designated by the adult in charge.

Should emergency medical 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: () _____ () _____ () _____

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: () _____

You Medical Insurance Policy Name and Number:

