

# 2017-2018 Cross of Christ Lutheran Church Youth Permission, Medical Release and Medical History Form

I/we, the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, give permission to Cross of Christ youth leaders and representatives to transport him/her and consent to his/her participation in Cross of Christ youth events and all activities therein.

I/we do hereby authorize Cross of Christ Lutheran Church as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnoses, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnoses or treatment 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 rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care, which the above mentioned physician in the exercise of his or her best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given and shall remain in effect from (date) \_\_\_\_\_, to September 1st, 2018 unless revoked in writing and delivered to aforementioned agent.

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### **EMERGENCY CONTACTS:**

Primary Phone Number—Note type: work, cell, home, etc. (\_\_\_\_) \_\_\_\_\_ Type: \_\_\_\_\_

Alternate Phone Number—Note type: work, cell, home etc. (\_\_\_\_) \_\_\_\_\_ Type: \_\_\_\_\_

Non-parent emergency contact, in the event a parent cannot be reached:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

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### **BASIC CONTACT INFO:**

Home Phone or Primary Cell: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

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### **INSURANCE INFO:**

Policy Holder's Name: \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

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### **MEDICAL INFO:**

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Meds/Medical Disorders: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

(If additional room is needed, continue on the back of the form. Please note that you have done so.)

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I/we verify that the above information is correct to the best of my/our knowledge. I/We authorize the above mentioned minor to participate in activities with Cross of Christ Lutheran Church.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_