

Youth Information & Parent Permission Form

Activity/Event: _____

Youth's Name: _____

Age: _____ Grade: _____

Parent or Guardian: _____

Address: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Current Medication(s): _____

Allergies: _____

Additional necessary medical information: _____

Emergency Contact: _____ Phone: _____

Insurance Provider: _____ Policy #: _____

I/We give permission for my/our child to participate in the above activity/event sponsored by First Lutheran Church of Volga, SD.

I/We understand that a church staff member(s) and/or volunteer chaperones will accompany my/our child and other children. I/We understand that the children will be transported in privately owned cars driven by staff, parents of students or in a bus driven by a licensed driver. I/We agree that the travel arrangements are appropriate. I/We waive any claim against the church, its employees or the volunteer chaperones for any injury suffered by my/our child in excess of the church's insurance limits.

In case of medical emergency concerning my/our child, at the time when I/we cannot be notified, I/we hereby authorize First Lutheran Church to act on my/our behalf in seeking emergency treatment for my/our child in the event that such treatment is deemed necessary. I/We give permission to those administering emergency treatment to do so using those measures deemed necessary, such as x-ray examinations, anesthetics or medications, medical/surgical/dental diagnosis or treatment, and/or hospital care. I/We absolve First Lutheran Church, its employees and volunteer chaperones for liability in acting on my behalf in this regard.

Date: _____ Parent/Guardian Signature: _____