

EAST CENTRAL SYNOD OF WISCONSIN YOUTH GATHERING  
**ADULT MEDICAL RELEASE & CONSENT FORM**

One copy gets returned with your registration for Synod Youth Board Staff.  
Church sponsors must bring/keep a copy with them at the Gathering.

**ALL PARTICIPANTS SHOULD PHOTOCOPY INSURANCE CARDS AND INCLUDE WITH THIS FORM.**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
NAME OF PHYSICIAN \_\_\_\_\_  
INSURANCE COMPANY \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
PHONE( ) \_\_\_\_\_ primary PHONE( ) \_\_\_\_\_ secondary

ALLERGIES \_\_\_\_\_

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (include dosages)

HEALTH HISTORY (last Tetanus shot, etc)

This form will be presented to the hospital and attending physician if you should need medical treatment. This will prevent delay of treatment with your signature and photocopied insurance cards.

Adult Participant Name \_\_\_\_\_ “I hereby authorize the treatment, administration of anesthesia and surgical treatment for myself \_\_\_\_\_ in the event of medical emergency. This authorization extends to all medical facilities and personnel regardless of setting and/or facility in the treatment of myself.”

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_