

EAST CENTRAL SYNOD OF WISCONSIN YOUTH GATHERING
YOUTH 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 PARENT(S) _____

INSURANCE COMPANY _____

POLICY NUMBER _____

FATHER EMPLOYED AT _____ PHONE() _____

MOTHER EMPLOYED AT _____ PHONE() _____

If parents are not available in an emergency, contact:

NAME _____ PHONE() _____

ADDRESS _____

CITY _____

RELATIONSHIP TO PARTICIPANT _____

CHILD IS ALLERGIC TO _____

MEDICAL INFORMATION

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (include dosages)

HEALTH HISTORY (last Tetanus shot, etc)

Dear Parent or Guardian,

This form will be presented to the hospital and attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance cards.

Parent/Guardian Name _____ "I hereby authorize the treatment, administration of anesthesia and surgical treatment for my child _____ in the event of medical emergency occurring during my absence or when hospital or medical personnel can not contact me. This authorization extends to all medical facilities and personnel regardless of setting and/or facility in the treatment of my minor child."

Signature of Parent/Guardian _____ Date _____

Signature of Witness _____ Date _____