

**AUGUSTANA LUTHERAN CHURCH**  
**EMERGENCY MEDICAL TREATMENT CONSENT AND PARENTAL PERMISSION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Student cell phone \_\_\_\_\_ email \_\_\_\_\_

Other contact information (additional phone numbers, etc.) \_\_\_\_\_

H. S. Graduation Class of \_\_\_\_\_

Parent(s)/Guardian(s) Name \_\_\_\_\_ Place of Employment \_\_\_\_\_

Work Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_ Physician Telephone \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Telephone \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Conditions; Please list any allergies or important information that may be helpful in proper medical treatment for your child:

\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO PARTICIPATE/SEEK MEDICAL ATTENTION:**

As the parent/legal guardian of the above named person, I grant my permission to participate in the Youth and Family Ministry events, activities and programs of Augustana Lutheran Church. I grant YFM program leaders the authority to seek any Emergency Medical Attention deemed necessary. I expect that reasonable efforts will be made to contact me for consultation. However, I request and expect that leaders will seek the best medical care available, should it be required.

Transportation to YFM Events is provided. Occasionally participants are offered rides by other students for which Augustana is not responsible and for which parental approval must be granted.

We recognize that some activities represent risk and will not hold the church or its leaders responsible for injuries incurred while participating in these events.

Signature of Parent(s)/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Youth Participant \_\_\_\_\_ Date \_\_\_\_\_