YOUTH ACTIVITY PERMISSION FORM

ACTIVITY: _____

DATE: _____

I give my permission for my child, _____, to attend and participate in the above Youth Activity arranged for and supervised by the Youth Group of the Lutheran Church of the Resurrection, Marietta, Georgia to take place on the dates noted above.

Accordingly, I hereby release the Lutheran Church of the Resurrection, the activity sponsors, chaperones and drivers, of any and all liability in the event of an accident or injury to my child during this activity, as well as the travel time to and from this event.

In the event of an emergency medical situation, I hereby authorize any adult chaperone(s) to seek responsible medical attention for my child. In the event that I cannot be reached by telephone in such an emergency situation, I give permission to the attending physician/EMT selected by the chaperone(s) present, to treat and/or hospitalize my child, and I authorize the chaperone(s) present from the Lutheran Church of the Resurrection, Marietta, Georgia to make decisions in my stead regarding any necessary medical treatment for my child. In giving such permission I understand that I am responsible for all costs incurred for such medical treatment. My child has the following allergies: _____

_____

(if none, please indicate by writing ***no allergies***).

_____ _____, 2005

Signature of Parent or Legal Guardian Date

_____

Please print name

Medical Insurance Information:

Insurance Company: _____
Policy Holder: _____
Group #: _____
ID #: _____

Primary Care Physician:
Dr. _____

Telephone Number: _____

In case of emergency please call:

Name: _____
Telephone #: _____
Relationship: _____
or
Name: _____
Telephone #: _____
Relationship: _____