

# Medical Release & Permission Form

St. John Sand Prairie Lutheran Church Youth Ministry

13443 Townline Road, Green Valley, IL 61534

Youth Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contacts: Please list in order of who to contact first (father, mother, etc.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical issues, medication, or allergies we should be aware of?

**Medical & Photo Release:** My child, named above, has permission to engage in the activities pertaining to the event listed above except as noted. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the church leaders to secure and administer treatment, including hospitalization, for my child. I also grant permission for photos that happen to be taken of my child to be shared on the church's website and youth ministry Facebook Pages, etc.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_