

Authorization for Emergency Medical Treatment

When my child _____, is in the care of a representative of
Youth Name
Resurrection Evangelical Lutheran Church I, _____, give Resurrection
Parent/Guardian Name
Lutheran Church employees and volunteer staff permission to seek emergency medical
treatment for my child should such treatment be required between the time of September 1, 2007
and August 31, 2008.

Youth Name	Age	Parent/Guardian Name
Address		Home Phone Number
City, State		Alternate Phone number

Medical Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the youth activity.

Do you have health insurance? Yes _____ No _____

Insurance Company: _____ Policy Number: _____

Primary Insured's Name: _____ Youth's DOB: _____

Primary Doctor: _____ Youth's SSN: _____ - _____ - _____

Health History:

Pre-existing or present medical conditions: _____
_____.

Name and dosage of any medications that must be taken: _____

Allergies: _____

Allergies to medications: _____

Activity Restrictions? Yes _____ No _____

Restrictions: _____

Swimming Restrictions? Yes _____ No _____

RestriCTIONS: _____

