Salem Lutheran Church – *1145 DeKalb Avenue – Sycamore, Illinois 60178 – (815) 895-9171*

Youth Activity Parental Consent Form
and
Health/Emergency Information
2009-2010

ACTIVITY DESCRIPTION: (check all that apply)

_____ Sunday School
_____ Confirmation
_____ Youth Group
_____ Choir
_____ Puppet Praise
_____ Other _____

Name of Participant _____

Full Address _____

Phone Number _____ Birthdate _____ Sex M F Grade _____

Parents' Names _____

Phone Number Where Parents Can Be Reached During Child's Church Activity Participation _____

Pager Number _____ Cell Phone Number _____

Emergency Contact Person(s) _____ Phone Number _____
Relationship _____

_____ Phone Number _____
Relationship _____

Does the participant have any health conditions (i.e., allergies, chronic conditions, etc.) that we should be aware of prior to medical treatment? NO YES (if yes, please explain, including current medications)

_____

_____

Name of Physician _____ Phone Number _____

Name of Health/Accident Insurance Carrier and Policy Numbers _____
_____

I, a parent/guardian, of _____ authorize the participation of and accept responsibility for the attendance of him/her in the above-described activity.

Signature of Parent/Guardian _____ Date _____

Since the law requires that parental permission be obtained for most medical procedures on minors, I wish to give permission for medical staff to perform such diagnostic, therapeutic, and surgical procedures as they deem necessary for the above minor. I understand that my consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No surgical procedures will be performed, except in extreme circumstances, without parents or guardians being contacted and fully informed and their verbal consent obtained.

Signature of Parent/Guardian _____ Date _____