

Youth Club Permission Slip for Participation in Congregational Event
St. Paul's Evangelical Lutheran Church ~ 215-679-5553 ~ stpaulredhill@comcast.net

Please return to Church Office

My Son Daughter Name: _____
is hereby given permission to attend

Event Name: _____

Date of Event: _____

EMERGENCY CONTACT INFORMATION

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact #1 Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Emergency Contact #2 Name: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Special Concerns/Allergies: _____

Date of Last Tetanus: _____

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Policy Number: _____ Policy Holder: _____

Family Physician: _____

Address: _____

Phone: _____

Present Illness(es): _____

Present Medication: _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the above event, every reasonable effort will be made to contact the persons listed on this form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel. Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders at this event to hospitalize, secure proper treatment for, and/or injection, anesthesia or surgery (under recommendation of qualified medical personnel).

I agree that my insurance company will be used for such medical care and expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payments of medical bills.

Signature of Parent/Guardian

Date