



2011/2012 Wednesday Ministry Medical Release / Permission Form

** As emergencies are never predictable, this is a required form for participation in Trinity Wednesday Ministry Programs.

Youth's Name (first, **middle**, last): _____

Parent(s) First and Last Name(s): _____

Address: _____ City/Zip _____

Home Phone: _____ Home E-mail: _____

Parent cell: _____ Parent cell: _____

Youth's cell: _____ Youth's E-mail: _____

Birth date: _____ **Baptism date:** _____ Grade (11/12): _____

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications):-

Family Doctor: _____ Phone: _____

Family Dentist _____ Phone: _____

Insurance Company: _____ Policy/ID #: _____

Emergency Contact Person, if parent cannot be reached (List two with their phone numbers):

Please check all that apply

_____ I give my child permission to participate in confirmation or JIVE activities at Trinity Lutheran Church.

_____ I give my child permission to participate in confirmation or JIVE activities sponsored by Trinity Lutheran that are not at the church.

_____ I give my child permission to be driven by an adult from Trinity.

_____ I give my child permission to be driven by other confirmation/JIVE parents to confirmation/JIVE sponsored activities, i.e. Retreats, servant and or fellowship events, etc.

Special permission forms may still need to be filled out for other activities such mission trips, specific retreats, etc.

Authorization for Medical Treatment of Minors:

I/We, as the parent(s) or legal guardian(s) of the above-named minor, hereby authorize a representative of Trinity Lutheran Church to act on my/our behalf in obtaining and authorizing unexpected medical, dental, surgical and/or hospital care for the minor in my absence from September 1, 2011 through August 31, 2012.

Parent Signature: _____ Date: _____