

Medical Authorization Form and Parent Permission Georgetown & Trinity Lutheran Churches

Youth Information

Name _____ Age _____

Student Cell Phone Number _____

Parent and Guardian Information

Phone Numbers 1st _____ 2nd _____

I give the adult accompanying my son/daughter permission to seek medical treatments for my child in case of injury or illness.

I give my child permission to ride in a vehicle driven by an adult to the church sponsored event.

I give you permission to post any pictures of my child on the Church website and or Facebook.

I give my permission for my child to be transported to medical facilities as may be necessary.

Insurance Carrier: _____

If your son/daughter is currently taking medication we should be aware of please list here:

My son/daughter has the following food restrictions:

Other health concerns we should be aware of:

Signature _____ Date: _____

**Every attempt will be made to reach parents in case of any emergency medical situation.
This form authorizes supervising adults to act in the best interest of the child when a
parent/guardian cannot be reached. Thank you.**