

**University Lutheran Church consent/medical authorization form**

Youth Name \_\_\_\_\_ Gender  Male  Female Grade \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of an emergency contact \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

List the following information about your medical insurance or provide a photocopy of both sides of applicable insurance cards:

Full Name of policy holder \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from above)

Name of Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Phone # of Policy \_\_\_\_\_

Address of Policy \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_ Clinic \_\_\_\_\_

Important medical info that a caregiver should know, such as: preexisting medical conditions, physical limitations, allergies, etc. (Use additional sheet if necessary.)

Current prescription or non-prescription medications authorized for use. (Use additional sheet if necessary.)

My son/daughter has permission to engage in all activities. In the event that I and my emergency contact person cannot be reached in an emergency, I hereby give permission to the physician selected by the adult chaperone in charge of the emergency to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child named above.

I understand that if my son/daughter is caught in possession or consumption of any illegal drugs, alcohol, or prescription drugs prescribed to someone else, my son/daughter will be sent home at my expense.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If I am caught in possession or consumption of any illegal drugs, alcohol, or prescription drugs prescribed to someone else, I understand that I will be sent home immediately at the expense of my parents/guardians.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_