

**2016-2017 Medical Information &
Permission to Treat Form
for UNITY Lutheran Church Youth Events**

Please fill out this Medical Information & Permission to Treat Form for your youth for the 2016-2017 school year. We will keep it on file for all Confirmation Class and Youth Events. We will use this form along with a signed permission form for specific "out-of-building" events. Please keep this form updated if your coverage or contact numbers change during the year.

Please copy both sides of your insurance card on the reverse side of this sheet or attach a copy. We will be happy to do that for you at church.

Parents are responsible for medical insurance coverage while your child is attending any organized church activity. We take the responsibility to care for your child seriously and will guard them as best we can. By signing this form, you as a parent are indicating your partnership with us in that process. Please note that your child will not be permitted to participate in events outside the church without this signed form and a copy of your insurance card. Thank you for your cooperation.

YOUTH'S NAME _____

GENDER M _____ F _____ **GRADE** _____ **BIRTHDAY** _____

ADDRESS _____

PARENT E-MAIL _____

NAME	HOME PHONE	WORK PHONE	CELLULAR-PAGER
Parent:			
Parent:			
Other Emergency Contact:			

Insurance Company* _____ **Group Number** _____

Physician (Name & Office Phone) _____

Dentist (Name & Office Phone) _____

Please list any medical, diet, or personal information for which our adult leaders would benefit knowing when they are responsible for your child. (e.g. allergies to medications or foods, medications and medical conditions, wears glasses/contacts, orthodontics, family situations, etc.)

I give permission for medical treatment deemed necessary by qualified medical personnel while my child is under the care of UNITY Lutheran Church and its representatives. The purpose of this information form is to allow my child to receive immediate medical attention in my absence. I will be contacted as soon as possible should medical treatment be required.

Parent Signature: _____ Date: _____

***A copy of current insurance card must accompany this form.**