

**Consent for Travel Permission and Medical Treatment Form
Resurrection Lutheran Church**

I (we), give my child (print full name) _____ my permission to ride in vehicles and attend activities provided for and under the supervision of the youth ministry leaders, and release RESURRECTION LUTHERAN CHURCH and its adult advisors, leaders, chaperones and drivers from any damages that may result due to accident and/or injury. All youth are expected to travel were assigned and No youth will be allowed to travel to and event and leave such event apart of the assigned travel designations without written permission in advance from the parent or guardian. The time limit of this permission will be in force at the date and time of signature until June 30, 2013.

Parent / Guardian Signature _____ date _____
Parent / Guardian Signature _____ date _____

I, (we) The undersigned hereby authorize a representative of RESURRECTION LUTHERAN church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter (print full name and social security number) _____ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned child pursuant to this forms permissions. The time limit of this document will be in force at the date and time of signature until June 30, 2013.

Parent / Guardian Signature _____ date _____
Parent / Guardian Signature _____ date _____

Hospital insurance in force Yes No

PLEASE ATTACH A PHOTO COPY OF BOTH SIDES OF YOUR INSURANCE CARD
(Form revised march 2012 RLC Youth)

Parent / Guardian

Name _____
Address _____

Another person to contact in an emergency
Name _____
Phone _____
Relationship _____

Primary Phone No.
Home _____
Work _____
Cell _____

Date of Birth _____

Secondary Phone No.
Home _____
Work _____
Cell _____

Family Physician _____
Physician Phone _____
Family Insurance Company _____

Policy No. _____

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Medical Allergies _____

Food Allergies _____

Physical Limitations _____

Preexisting Conditions (physical ,
emotional, etc.) _____

Date of Last Tetanus Shoot _____

Other comments or information related to
health _____

Other notes or directions for administration
of child :