

# Event/Activity Permission Form

For Middle School and High School Youth

St. Lucas United Church of Christ

**EVENT:** \_\_\_\_\_

**DATE of event:** \_\_\_\_\_

Dear St. Lucas United Church of Christ Parent,  
Your son/daughter may participate with this form completed.

**(Name of Youth)** \_\_\_\_\_

has permission to attend the above event/date. I am fully aware that I will take full responsibility for my child's conduct. I release the shepherd/chaperones from liability for any injury that may be sustained by my son/daughter due to circumstances over which said chaperones cannot reasonably be expected to have any control. I do release St. Lucas United Church of Christ from total liability. I will instruct my son/daughter on the necessary rules of safety and good Christian conduct.

Does your Child have a completed Health Form on file with St. Lucas Youth Ministries?

Please circle one: Yes No

If no, please complete an Emergency Treatment Release which can be downloaded from the [stlucasucc.org](http://stlucasucc.org) web site.

If YES, are there any changes/updates needed to the Emergency Treatment Release form?

If so, please list;

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date of event

\_\_\_\_\_  
Address of Parent/Guardian

\_\_\_\_\_  
Telephone Number (during event)

# REACH-FUN-LEARN-SERVE-PRAISE!

## EMERGENCY TREATMENT RELEASE

*This Form will be kept on file and is valid for one calendar year of St. Lucas youth events.*

To whom it may concern:

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_

Birthdate \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Date or Dates when release is intended: \_\_\_\_\_

This release form is completed and signed of my on free will with the sole purpose of authorizing medical treatment under emergency circumstances in Parent/Guardian's absence.

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

### TO REACH PARENT/GUARDIAN IN CASE OF EMERGENCY:

### Parent/Guardian emergency contact information:

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### PERSON RESPONSIBLE FOR YOUTH IN PARENT/GUARDIAN'S ABSENCE.

NAME: \_\_\_\_\_

Gina Pona-Norton/Kit Norton or Youth Ministry Adult Volunteer

**FAMILY PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Last Tetanus Booster Injection: \_\_\_\_\_

Allergies: \_\_\_\_\_

Present Medication: \_\_\_\_\_

Chronic Illness (i.e. asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE LET US KNOW IF ANY OF THE ABOVE INFORMATION CHANGES!**