

CCLC Children, Youth, and Family
Permission/Medical Release
2019-2020

I am the custodial parent or legal guardian of _____.

I understand that from time to time as part of my child's participation in normal youth group activities at Community of the Cross Lutheran Church (CCLC), my child may require transportation to and from the church through motor vehicle provided or arranged by CCLC, and overnight lodging as appropriate. I desire for my child to be permitted to participate in CCLC youth activities, including those involving travel and overnight lodging during the 2019-2020 program year.

Signature of custodial
Parent or legal guardian _____ Date _____

Medical Release Information

Name of Youth _____ Date of Birth ___/___/___

Address _____

Phone # _____ Email Address _____

In case of Emergency:

Contact Name _____ Phone # _____

Or

Contact Name _____ Phone # _____

Health Information:

Allergies/Special health concerns _____

Medications being taken _____

Medications permitted to be given for general discomfort (please circle all that apply):

Benedryl

Ibuprophen

Tylenol

Pepto Bismal

-over-

Insurance Information:

Insurance Company _____ **Policy #** _____

Doctor's Name _____ **Phone #** _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with the CCLC youth group, every reasonable effort will be made to contact the persons listed. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent is given to all accompanying adult volunteer leaders associated with this group to hospitalize or secure proper treatment for my child.

I, the undersigned, authorize the administration of emergency medical treatment for my child. I understand that all reasonable safety precautions will be taken at all times by CCLC and its agents.

This consent is intended to cover CCLC youth events from July 2019 – July 2020.

Signature of Parent/Guardian _____ Date _____