

LONG LAKE LUTHERAN CHURCH
Youth Summer Medical Form 2017

This form serves as medical release for the youth named below for activities during the 2017 summer. This form will serve as health care permission for any activities on or off site with Long Lake Lutheran.

Please Print:

Name _____

Address _____

Street City State Zip

Best email address for parents _____

Email address for student _____

Age _____ Date of Birth ____/____/____

Are you a member of LLLC? _____ If not, would like information on joining? _____

Youth Cell Phone (if applicable) _____

Insurance Carrier _____ ID# _____

Name of Insured _____ (usually a parent/guardian)

Parents/Guardians (please print all applicable names)

Name _____ Home phone _____

Address (if different) _____ Work phone _____

_____ Cell phone _____

Name _____ Home phone _____

Address (if different) _____ Work phone _____

_____ Cell phone _____

Are there any special medical/learning needs/allergies that would be helpful for us to know?

Parent Authorization

This permission form is correct, and the person described can engage in all youth activities. Long Lake Lutheran Church is released from any and all liability in case of accident or illness.

If I cannot be reached in the event of an EMERGENCY, I give permission to the physician or medical technician selected by Long Lake Lutheran leadership to secure proper treatment for, hospitalize, to order injection, anesthesia or surgery for my child as named above.

Signature _____ Date _____