

# Emergency Information Form

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

During the Day, where can parents be reached if not at home?

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

List a neighbor or nearby relative who will assume temporary care of your child if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

I request permission for my child \_\_\_\_\_ to attend any Grace youth ministry and confirmation functions and the activities contained therein. I understand that based on the activity there may be a possibility of injury, risk, or property damage. I assume those risks, including risks arising from acts or failures to act of the Church. I authorize the leaders from Grace Lutheran Church to seek the necessary emergency care and treatment for my child *only if those individuals designated above are not available for consultation and direction*. The legal responsibility for ambulance conveyance expenses and for medical expenses incurred on behalf of my child is a parental/legal guardian one. I understand that it is my responsibility to make sure that all information is filled in correctly and kept current, including changes that are made over the course of the year. In the event of a change I will fill out a new form to be put on file. Grace is not liable for changes that are made throughout the year and are not filed on a new sheet.

THIS DOCUMENT IS INTENDED TO ABSOLVE THE CHURCH OF ANY LIABILITY TO ME OR THE STUDENT THAT IS RELATED TO THE STUDENT'S PARTICIPATION IN THE ACTIVITIES. Accordingly, I hereby release the Church from, waive, and will never sue the Church for any damage (whether to or loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability that arise or is alleged to arise from or in connection with the student's participation in the activity.

\_\_\_\_\_  
Signature of Parent or Guardian / Date

I ***do not*** give permission to Grace Lutheran Church to photograph my child and publish photos to church website for the purpose of supporting and growing our youth ministry.

\_\_\_\_\_  
Signature of Parent or Guardian / Date

Specific Health Concerns (i.e. allergies, medication, chronic health conditions, etc.)

\_\_\_\_\_

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If more room is needed please use the back side