

# CHRIST JAM 2020 “Under Construction”

Spirit Lutheran Church - Eau Claire, WI  
April 18, 2020



## Medical Authorization & Parental Permission Form

*This form is for your church use only—keep it with your leaders during the event.*

### **YOUTH INFORMATION:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M / F Cell Phone: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Medical issues the adult chaperones should be aware of:

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

List current medications: \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION:**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

*Every attempt will be made to reach parents in case of any emergency medical situation. This form authorizes supervising adults to act in the best interest of the child when a parent cannot be reached.*

*I understand that if my child breaks the rules of this convention I will be called at any time and will be responsible for picking up my child if necessary.*

\_\_\_ I give permission for my child to attend and participate in Christ Jam in Eau Claire, WI

\_\_\_ I give the adults accompanying my son/daughter or those adults on the Synod Youth Board permission to seek medical treatment for my child in case of illness or injury.

\_\_\_ I authorize the physician/hospital staff to treat my child as they deem necessary in an emergency.

\_\_\_ I authorize the Synod Youth Board to use photos of my child in publication material

Check here if you do not consent to photo use.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_