

St. Paul's Lutheran Church & School
Permission and Medical Release Form for August 2022-August 2023

Student Name: _____ Date of Birth: _____

Parents/Guardian: _____ Student's grade & age: _____

Phone: Home # _____ Cell # _____

Emergency Number: (if unable to reach someone at above #)

Name: _____ Relationship: _____ Phone #: _____

Medical Insurance Company: _____

Insurance Policy Number: _____

Pertinent allergies or medical information _____

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_____ (student's name) has my permission to attend any event of St. Paul's Lutheran Church & School Confirmation / Youth Ministry Program. I understand that St. Paul's Lutheran Church, its leaders and volunteers on these events are not liable for injury, illness, or mishap occurring on these events. In the event of an emergency, accident or illness, I want to be notified as soon as possible. I do, however, give permission to chaperones and leaders to authorize treatment as deemed necessary by appropriate medical personnel. Chaperones and staff also have permission to give my youth over the counter medications (Tylenol, Advil, etc.) if needed.

Parent/Guardian's Signature: _____ Date: _____