

Medical Release/Parent Permission Form

Primary Adult Leader: Please travel with and keep the completed form for each participant

Please reproduce this form – one form for every participant

Name of Gathering Registrant: _____

Age: _____ **Phone #:** _____

Parent/Guardian Name(s): _____

Are there any medical conditions or allergies that we should know about?

If parent/guardian is unavailable, please contact:

_____ **Phone #** _____ **Relationship:** _____

Insurance Company name: _____

Policy Number: _____

I hereby grant my permission for my child to attend: The 2017 Middle School Synod Youth Gathering, November 17-18 OR November 18-19, 2017 at Arrowwood Resort in Alexandria, MN.

The NWMN Synod of the ELCA has my permission to use photos/videos of my child/youth in publications, on the website, and on various forms of Social Media.

I also grant my permission, in case of an emergency, for medical attention to be sought by the adult leaders and/or counselors for my child's group and/or the persons in charge of the event. I understand that all efforts will be made to notify me immediately of any such happenings.

Signed: _____ Date: _____

(Signature of parent/guardian)

(Please make a front and back copy of your insurance card below or on the back of this sheet)
