

2nd Annual Central States Synod Youth Gathering Medical Authorization Form

1) Authorization for Medical Treatment

I, the undersigned, do hereby authorize a representative of the ELCA Youth Ministries Staff (or hospital medical personnel if in transit) to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that

_____ should
(name of participant)

be admitted to any hospital, or need any medical treatment. This authorization shall be in effect from July 17-20, 2008 as the aforementioned young person is participating in the 2nd Annual Central States Synod Youth Gathering, or during travel to and from Kansas City, MO.

Signed: _____ Date: _____
(Parent or Legal Guardian, if participant is under 18)

2) Parent/Guardian/Emergency Contact Information

Name: _____

Address: _____

Phone: Daytime: _____

Evening: _____

In the case of an emergency in which the parent/guardian listed above is not available, please contact

Name: _____

Address: _____

Phone: Daytime: _____

Evening: _____

3) Participant Information

Allergies (if any) _____

List medications the young person will be bringing to CSSYG and directions for administration.

List any other medical concerns, including dietary needs.

4) Please Fully Complete This Form And Return It With Your Registration by July 9, 2008

