

Trinity Lutheran Church Faith Walk Ministry

111 North Sixth Avenue, Princeton, MN 55371

CONSENT TO PARTICIPATE, RELEASE, and MEDICAL AUTHORIZATION

I give my permission for _____ to participate in the confirmation ministry at Trinity Lutheran Church, Princeton, Minnesota on trips/events from September 2011-September 2012.

Emergency Medical Information

Participant Information:

Name:	Grade:
Address	Birth Date:
City, State:	Date of last Tetanus Shot:
Zip:	Allergies:
Home Phone:	Current Medications:
Medical history or other important fact that should be known:	

Parent Information:

Mother or Guardian	Father or Guardian
Name:	Name:
Address:	Address:
City/Zip:	City/Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:

In Case of Emergency Contact:

Name:	Phone:
Name:	Phone:

Physician Information:

Physician:	Phone:
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Insurance Information:

Company:	Effective Date:	Group #:
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Medical Release:

In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the event leader for Trinity Lutheran Church. I also release Trinity Lutheran Church and its program staff of liability in case of accidents or injuries to _____ while attending any event or trip.

By signing this form I also allow the release of my name as part of an information database for Trinity -related entities, and that photographs and videos that contain or bear by image become the property of Trinity Lutheran Church and can be used for Trinity-related purposes & publicity.

Parent/Guardian Signature _____ Date ____/____/2011