

Lower Susquehanna Synod LYO
Medical Consent & Treatment of a Minor Form
Parent Permission Form

This form is to be filled out and signed by a parent or legal guardian for all youth under 18 years of age, when attending a synod-sponsored youth event. It authorizes their participation and will be used in case of a medical emergency.

As the natural parent/legal guardian of _____, I/we authorize
(name of child or minor)

_____, to consent to any x-ray, examination, anesthetic,
(name of advisor)

medical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a licensed physician or surgeon, when the need for such treatment is immediate, and when efforts to contact me/us are unsuccessful.

I/we further acknowledge that the aforementioned minor has my permission to participate fully in this event.

(Signature of parent/legal guardian) (Date)

Please list any medical, physical or emotional limitations, that may preclude your child from full participation: _____

Supplementary Information:

Best phone # to call: () _____ Secondary Phone #: () _____

Parent/Legal Guardian Address: _____

Secondary Adult Contact & Phone # : _____

Child's Age: _____ Birth Date: _____ Grade: _____ Gender: _____

Child's Allergies (if any): _____

Medical Allergies (if any): _____

Name & Phone # of Child's Physician: _____

Specialists preferred (if any): _____

Current Medications (if any): _____

Date of last tetanus shot: _____

Insurance Information:

Company: _____ Agreement # _____

Group # _____ Plan code, etc: _____

Additional medical information which may be helpful to attending physician:

Do you wish to be contacted for minor illness or injury? YES NO

I request my child's photo NOT be used in event productions? (Check here)