

**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)**