

Permission Slip and Medical Release Form

St. Mathew Evangelical Lutheran Church
305 Lemont Street ♦ Lemont, IL 60439

I hereby give my son/daughter, _____, permission to attend
(Youth's Name)

an activity with the St. Matthew Ev. Lutheran Church Youth Group.

(Parent or Guardian Signature)

(Date)

I DO NOT give St. Mathew staff permission to use event photographs with my child on the internet
(church's web site or Facebook page). ***

*** Note: St. Mathew does not include names or personal information of minors on any internet photographs.

MEDICAL RELEASE TREATMENT FORM

In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the designated youth group leader, or other responsible adult in attendance, to hospitalize, secure proper treatment for, and to order injection, anesthesia, and surgery for my child _____.
(Youth's Name)

Signature of Parent or Guardian: _____ Date: _____

Family Doctor's Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Phone Numbers (list as many as you wish):

Name and Relation of Contact

Phone Number

Name and Relation of Contact

Phone Number

Name and Relation of Contact

Phone Number