

# PARENTAL PERMISSION / MEDICAL TREATMENT CONSENT FORM

St. Paul Lutheran Church  
29797 US Hwy 281 N  
Bulverde TX 78163

Church (830) 980-2813  
Fax (830) 980-9756  
YM e-mail: youthspk@gvtc.com

I give my son\daughter, \_\_\_\_\_, my permission to travel in the church provided transportation for youth related activities and I release St. Paul Lutheran Church from any liability which may result due to accident or injury. I further acknowledge and understand that the purpose of this trip is to/for all activities away from church and I assume for my child the risk of injury that might occur because of my child's involvement and/or participation in such activity.

Further, I hereby authorize any adult sponsor or youth minister (including those listed below) to consent to and to authorize emergency medical treatment, surgery, or dental care for my child which is considered advisable or necessary in the judgement of an emergency medical professional or attending physician. I further agree to pay to the service provider all reasonable and necessary charges for medical treatment provided based on the consent of the persons authorized to act by this document.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Insured by \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Policy/Member # \_\_\_\_\_

Home Phone \_\_\_\_\_

Group # \_\_\_\_\_

Work Phone \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

### SECONDARY EMERGENCY CONTACT INFORMATION:

### OTHER COMMENTS:

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

### PHYSICIAN & HEALTH INFORMATION:

### SPONSORS / COORDINATORS:

Physician Name \_\_\_\_\_

Activity Director Kristin Kieke

Office Phone \_\_\_\_\_

Sponsor \_\_\_\_\_

Allergies \_\_\_\_\_

Sponsor \_\_\_\_\_

\_\_\_\_\_

Sponsor \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Sponsor \_\_\_\_\_

\_\_\_\_\_

Sponsor \_\_\_\_\_

Current Medications \_\_\_\_\_

This form must be signed and returned prior to an activity for your child to participate in youth events.

### FOR OFFICE USE:

Rec'd. \_\_\_\_\_ NOTE \_\_\_\_\_