

# St. John's Church

A shared ministry of the Evangelical Lutheran Church in America and  
The United Church of Christ

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## Medical/Assumption of Risks/Permission Slip

NAME OF YOUTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SPECIFIC TRIP OR YOUTH EVENT:** \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

Does your child have any serious medical problems (i.e. asthma, allergy to drugs, heart ailment, epilepsy, diabetes, physical handicaps, emotional problems, or dietary restrictions)?

If YES, please describe: YES NO

Is he/she taking any medication? YES NO

If YES, please list names, amount, why taken, and any side effects.

Should there be any limits on physical activity? YES NO

Has he/she been seriously ill in the last 3 years? YES NO

If YES, please describe:

At the present time, is he/she under a doctor's care? YES NO

(Over Please)

Is your child covered by medical insurance? YES NO

Company Name: \_\_\_\_\_

Insurance No.: \_\_\_\_\_

Is pre-authorization from your insurance company necessary for emergency services?

If YES, pre-authorization phone number: \_\_\_\_\_ YES NO

**If your child is below the legal age of consent (18 years) the law requires that we have your permission to give medical service should the need arise. Please read carefully and sign below:**

I authorize medical examination and treatment as may be deemed advisable by the physician or staff member in attendance. For major illnesses or injuries, an attempt to contact me before institution of treatment will be made, unless such treatment is so urgent it must be done before contact can be made. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate. I also agree to assume any financial responsibility for my child's care.

In case of emergency, person to contact if parent/guardian cannot be reached:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I also understand that there are inherent risks to my child by participating on this trip/event, even with the best of circumstances. With such knowledge, I hereby accept such risks.

I, \_\_\_\_\_, having read all the above information hereby give permission for my son/daughter, \_\_\_\_\_, to go on this youth event.

Signed: \_\_\_\_\_

Parent or Guardian

Phone Numbers:

Home: \_\_\_\_\_

Father's Work or Cell: \_\_\_\_\_

Mother's Work or Cell: \_\_\_\_\_

Date: \_\_\_\_\_