Trinity Lutheran Youth
222 6th Avenue SW Rochester, MN 55901
Medical Information and Parent Permission Form

For: All Trinity Lutheran Church Youth Events
Date: Valid for one year: **June 2005 - June 2006**

_____ _____ _____ _____
(name of student) (birth date) (age) (grade)

_____

_____
(address)

_____ _____ _____

_____ _____ _____
(names of parents or guardians) (home phone) (work phone)

_____ _____
(insurance company) (policy number)

Please list two persons and their phone numbers if parents cannot be reached:

_____ _____

_____ _____
(name of contacts) (phone)

Are there any medical problems that we need to be aware of? (i.e. diabetes, asthma, allergies, etc.) _____ yes _____ no
If yes, please explain:

_____

In signing on the line below, I (we) agree:

1. That if every effort has been made to reach the parents of the above names student and immediate care is deemed necessary, I (we), the parent(s), give authority to the leaders of the group to act in our absence.

2. To allow the above named student to attend the activities of the Trinity Lutheran Youth

_____ _____

_____ _____
(signature of parents or guardians) (date)