

REDEEMER LUTHERAN YOUTH MINISTRY

6801 N. Allen Road
Peoria, IL. 61614-2480

CONSENT FORM FOR MEDICAL TREATMENT

I, _____ being (mother) (father) or (guardian) of _____, a participant in Redeemer Lutheran Youth Activities, do hereby consent to Redeemer Lutheran Church, through its Youth Leaders, authorizing medical treatment of all types, including surgery only if parent or guardian cannot be reached, for the above named youth, as long as said treatment is recommended by a licensed physician admitted to practice in the location the group's activity is located in.

I understand that Redeemer Lutheran Church, will, if possible, prior to authorizing said treatment, attempt to contact me by calling me at the telephone number(s) hereinafter set forth. I also understand that if I am not at that number, or if for any reason the call cannot be completed or the line is out of order or busy, this medical consent form will be used to authorize such treatment as the licensed physician recommends. I do hereby specifically instruct the church to consent to the recommendations made by the licensed physician under the above circumstances.

_____ (Date)
_____ (Signature of parent or guardian)
_____ (Address)
_____ (Telephone including area code)
_____ (You may include more than one number)
Insurance Company _____ Policy no. _____
Doctor's Name _____

EMERGENCY AND HEALTH INFORMATION

GENERAL:			If yes, explain
Allergies?	Yes	No	_____
Heart condition?	Yes	No	_____
Currently taking meds?	Yes	No	_____
Other?	Yes	No	_____
SUBJECT TO:			
Fainting?	Yes	No	_____
Sleep Walking?	Yes	No	_____
Upset stomach?	Yes	No	_____
Other?	Yes	No	_____
HAVE REACTION TO:			
Bee Sting?	Yes	No	_____
Penicillin?	Yes	No	_____
Other drugs?	Yes	No	_____
Poison ivy, oak, sumac?	Yes	No	_____

Please indicate anything else that we should know to help avoid or deal with any situation that might arise: