



Rev. Arden Dorn, Pastor

Amazing Grace Lutheran Church

A Community of Faith

12525 Potranco Road

San Antonio, TX 78253-9298

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www.aglcsa.org

September 2011 to August 2012 Permission Slip & Medical Emergency Authorization

Amazing Grace Lutheran Church

As part of our ministry here at Amazing Grace Lutheran Church, youth will be participating in activities, some of which will require transportation. It is a requirement to have permission for the kids to attend events and also to be transported. We have determined it will be easier and also more efficient to have a “blanket” permission slip, which when signed will give parental permission for ALL events that take place for the entire year. Please complete this permission slip completely and return it to church as soon as possible. We will continue to inform everyone of each event with plenty of notice and details. During the course of events photos and video may be taken by leaders and staff. This material is often used for slideshows during worship and other outreach purposes (brochures, website, etc...). If you would prefer not to have your child’s picture used for these purposes please contact Pastor Arden Dorn directly. If you have any questions or concerns, please contact the Pastor or Youth Director at (210) 679-7800. Thank you for all your cooperation.

Purpose – To enable parents to authorize emergency treatment for youth who become ill or injured while under the authority of Amazing Grace Lutheran Church, when parents cannot be reached, for any event during the 2011-2012 program year.

Name of Youth _____ Date of Birth _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Parent or Guardian’s name _____

Work # _____ Cell # _____

Parent or Guardian’s name _____

Work # _____ Cell # _____

Insurance Carrier _____ Policy # _____

Emergency Contacts if parents are NOT available:

Name _____ Phone _____

Name _____ Phone _____

In the event reasonable attempts to contact me or an emergency contact are unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by those in authority as directed by a licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Please list any allergies, medications, physical conditions, or past medical history that guides or physicians should be alerted to:

Signature of Parent or Guardian _____

Date _____