

got attitude?

MN South Senior High Youth Gathering
Hosted by Concordia University, St. Paul

MEDICAL INFORMATION FORM

(Information provided will be used for emergency situations only.)

Name: _____ Birth Date: _____

Address: _____

Gender: M F Phone: (____) _____

Please list any medical conditions that may affect participation:

Please list any medications that the youth will be bringing to the "Got Attitude?" Conference:

Can first aid such as ice packs and band aids be administered?: _____

Can over the counter medicines such as Tylenol, antacid or triple antibiotic be administered?: _____

Please list any known allergies: _____

PARENTAL CONSENT

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child _____

_____ to attend and participate in the Minnesota South LCMS District Senior High Leadership Conference at Concordia University in St. Paul, Minnesota on Saturday, April 4, 2009. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Concordia University. I give permission for any pictures or videos taken during the conference to be used at the discretion of the Minnesota South LCMS District, Concordia University, the students, faculty, staff, or other representatives. I release and forever discharge Concordia University, their agents or servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by my child during the planned activities for which my child is registering to participate.

Hospital Insurance: Yes No

Insurance company: _____ Policy number: _____

Participant: _____ Date: _____

Father: _____ Date: _____

Mother: _____ Date: _____

Emergency Contact: _____

Emergency phone numbers: _____

Legal Guardian: _____ Date: _____



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