

Permission Slip and Parental Consent for Emergency Care

Full Name _____ Birth date _____
first middle last

has my permission to participate in the Events of LPC as accompanied by adult leaders of the Latrobe Presbyterian Church Youth Group.

As parents or legal guardians of (full name) _____, we hereby authorize any medical and/or surgical care, including diagnosis and treatment to be rendered to him/her by any licensed physician or surgeon, or by any licensed hospital, when accompanied by an adult leader of the Latrobe Presbyterian Church.

We assume full financial responsibility for such care, including prescribed medications and transportation by ambulance and agree to make full payment for same upon receipt of statement of fees. This youth has, or is subject to, the following conditions:

MEDICAL INSURANCE INFORMATION

(Name of Company) (Policy Holder)
(Group Number) (Contract Number) (Place of employment of policy holder)
Primary Care Physician Physician=s Phone #

Will your son/daughter be carrying an HMO card? Yes ____ No ____

We do hereby, for a good and valuable consideration, agree to indemnify and hold harmless the Latrobe Presbyterian Church from any and all actions, claims, demands, suits, or other liabilities which may result from the above named minor's trip as stated above.

(Signature and date) (Relationship)

Daytime Phone #: _____ Nighttime Phone # _____

Person to be reached in an emergency other than parent: _____ Phone # _____

Special Medical Problems: