



PARENTAL EMERGENCY MEDICAL CONSENT FORM

In the event of a medical emergency during the activity/event _____ on ___/___/___, I understand that every effort will be made to contact me. In the event medical care MUST be given for my child before I can be reached, or if I cannot be reached, I hereby give Good Samaritan Lutheran Church, Las Vegas, Nevada, permission to act on my behalf in seeking emergency medical treatment for my child, in the event such treatment is deemed necessary by the appointed representative of Good Samaritan Lutheran Church. I also give permission to those persons administering emergency medical treatment to do so using those measures deemed necessary, and to discuss the medical treatments and options with said representative from Good Samaritan Lutheran Church. I absolve Good Samaritan Lutheran Church, Las Vegas, Nevada, from liability in acting on my behalf in this regard, in so long as Good Samaritan Lutheran Church is not grossly negligent.

(Parent or Legal Guardian Signature and Date)

(Printed Name of Parent or Legal Guardian)

(Youth's Name and Birth date – Please Print)

(Street Address)

(City)

(State)

(Zip)

Emergency Phone (Mother): (____) _____ - _____

Emergency Phone (Father): (____) _____ - _____

Alternate Person & Contact Phone number in the event neither of you can be reached in an emergency:

Relationship to the youth?

Doctor _____ Phone Number (____) _____ - _____

Health Insurance Company _____ Policy # _____

Health Insurance Policy is in the name of _____

Is there any additional information we should know? Please use the back if necessary! THANK YOU!