

Good Samaritan Lutheran Church

Aug 2009-Aug 2010

PARENTAL EMERGENCY MEDICAL CONSENT

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Good Samaritan Lutheran Church of Las Vegas, Nevada, permission to act in my behalf in seeking emergency treatment for my youth, in the event that such treatment is deemed necessary by Good Samaritan Lutheran Church. I also give permission to those persons administering emergency treatment to do so using those measures deemed necessary. I absolve Good Samaritan Lutheran Church from liability in acting on my behalf in this regard, so long as Good Samaritan Lutheran Church is not grossly negligent.

Parent or Guardian Signature and Date

Youth's

Name _____ **Birthdate** _____

Address _____ **Zip** _____

Phone # _____

Parent's Name _____ **Phone #** _____

Address _____

If different than above

Emergency number (Mother) _____

Emergency number (Father) _____

Emergency number (other) _____

Relationship to youth _____

Doctor _____ **Phone #** _____

Health insurance policy is in the name of

Health insurance company _____ **Policy #** _____

Other information we should be aware of please list below. Thank you

Faith 5: SHARE, READ, TALK, PRAY, BLESS