

**PERMISSION FORM & HEALTH INSURANCE FORM**  
**Youth & Children's Ministries 2008-2009**  
**Desert Cross Lutheran Church**

This form must be completed for each child/youth participating in the ministries of Desert Cross Lutheran Church. This form is valid for all functions held by Desert Cross Lutheran Church. It must be completed in full and signed by the parent/guardian of the child and **must be turned in to the church office as soon as possible.**

Child's/Youth's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**MEDICAL INFORMATION (Having medical insurance is not a condition for participation in activities. Please call the church office if your insurance changes during the year.)**

Medical Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**EMERGENCY PHONE NUMBERS**

Parent/Guardian: (home) \_\_\_\_\_

(work) \_\_\_\_\_

(cell) \_\_\_\_\_

Other: Name/relation: \_\_\_\_\_

Phone: \_\_\_\_\_

**MEDICAL RELEASE**

I give permission for \_\_\_\_\_ to participate in Desert Cross Lutheran Church children/youth activities.

I hereby release Desert Cross Lutheran Church, its staff and sponsors from responsibility and liability for any illness or injury that the above named child may sustain during any activity. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, anesthetic, or surgical diagnosis, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact me(us) are unsuccessful.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date