

PERMISSION FORM FOR EMERGENCY MEDICAL TREATMENT

(For youth and children under 18 years of age)

Group Leader: If your group already has waivers on file for youth, this form is not necessary. This form is included as a courtesy for youth groups that have not already collected this type of documentation on their youth. Please fill out a copy of this form for each person in your group less than 18 years of age. Group leader should collect all copies and keep on hand (completed and signed) while on youth trip. **Lake Junaluska will NOT collect these forms.**

Please print clearly:

Child's Full Legal Name: _____

Child's Social Security Number: _____

Child's Date of Birth: _____

Name & Address of Local Church: _____

Group Leader: _____

I give my consent for the youth group counselors, the Lake Junaluska staff and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for:

Name of Child: _____

Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Relationship: _____

Address: _____

Phone Numbers where I can be reached: () _____ () _____

Insurance Information

Insurance Company: _____

Policy Number: _____

Address: _____

Name of Parent's Employer: _____

Medical Information

Allergies: _____

Any medications being taken: _____

Any other significant information: _____
