## **EPIC Youth Ministry**

Mr. Bob's and Lock In Permission Form/Medical Release July 24-25, 2025

Youth Name:	
will be there for the whole thing 5:00 PM Thursday-8:0 will be there for sorting at Mr. Bob's and dinner on Thu	
will be there for sorting only (5:00 PM-7:00 PM)	
Does this youth have any allergies, medical conditions, etc	c. that we should be aware of?
Does this youth need to take any medication during the Lo dosage, and whether or not youth can self administer med	
I agree to allow photographs and videos of my child to be scongregations via email, website, photo displays, newsletted	
I am willing to chaperone YES NO	
I am willing to make breakfast YES NO	
As parent/guardian of the above named youth, I give perm on July 24-25, 2025.	ission for them to participate in the <b>Lock In</b>
I release the churches of EPIC (Advent, Faith, Immanuel, sepresentatives from liability in the event of an accident or EPIC Youth Ministry is not responsible for loss or theft of p	injury during the event. I understand that
I understand that representatives from EPIC Youth Ministry illness or injury. I authorize those representatives to seek of a medical emergency, including transportation to hospita authorities deem it necessary. I assume financial responsi	medical treatment for my child in the event all or other medical facility if medical
parent/guardian signature	date
Printed name:	(see next page)

## **Medical Information**

Emergency Contact 1:		
(Usually parent/guardian)	Name and cell phone	
Emergency Contact 2:		
	Name and cell phone	
Insurance Company:		
Group No:	Member No.:	
Youth Physician:	Phone:	
Allergies and/or medical conditions	s:	

During the Lock In, youth will be asked to turn in their phones. If you need to reach your child in case of emergency, call Lisa Wegner, EPIC Youth Ministry Director, at 414-315-3104. Phones will be returned in the morning so youth can coordinate pick up.