

Upper Arlington Lutheran Church FORM A
REGISTRATION / Permission / Medical Release / Authorization Form

*This form must be completed in full, signed by the parent/guardian of the youth,
and returned with payment for the camp, retreat or special activity.*

This form is valid for the following **Upper Arlington Lutheran Church** event:

Event name _____
Minor's name _____ Phone _____
Parent/Guardian (first, last name) _____
Address _____ City _____ ST _____ Zip _____
School _____ Grade _____ Birth date _____
Email address _____ Sex (circle) Male / Female

Medical Information (for emergency treatment)

Medical Insurance Co. _____
Insurance Co. Phone _____ Deductible Amt. _____
Policyholder's place of employment _____
Policyholder's name _____ Policy # _____
Allergies _____
Medications taken _____

**Your signature below indicates permission for UALC event staff to administer over-the-counter medications as necessary according to their best judgment without additional parental notification. If you do NOT consent to this policy, please indicate in writing and contact event leader.*

Physical limitations _____
_____ Last tetanus shot _____

Emergency Phone Numbers

Parent/Guardian Home _____ Work _____
Other person _____
Relationship _____ Phone _____

Authorization Release Form for Treatment

I give my permission for _____ to participate in UALC activities.

I hereby release Upper Arlington Lutheran Church, its staff and sponsors from responsibility and liability for any illness or injury that the above mentioned child may sustain during any activity, and any and all claims and liabilities. 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, or surgical diagnosis, anesthesia, 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 expect to be contacted as soon as possible if an emergency occurs.

Signature of parent/guardian _____ Date _____
Insurance policyholder, if different than above _____ Date _____

Please notify the church office of any changes to this information.