



SPLAT Youth Ministry of Cross View Lutheran Church
 6645 McCaulry Trail West, Edina MN 55439
 (952)941-1094 www.splatyouth.net Email: craig@crossview.net



MEDICAL INFORMATION/RELEASE

(Kept on file for 12 months)

Name of Youth Participant _____

Full Home Address _____

Date of Birth _____ Phone _____

Parent/Guardian 1: _____ Phone: _____

(address if different from youth) _____

Parent/Guardian 2: _____ Phone: _____

(address if different from youth) _____

Emergency contact person _____ Relationship _____

Phone Number(s): _____

Name of Insurance Company _____ Responsible Party: _____

Group # _____ Policy # _____

Physician Name _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to SPLAT Youth Ministry or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I also give permission for any photographs taken to be used in publicity by SPLAT Youth Ministry or Cross View Lutheran Church

Signed _____
 (Parent or legal guardian)

Date _____
 Release active for 1 year.