

# St. Lucas Youth Ministry Emergency Treatment Release Form

*This form is valid for ONE YEAR from the date signed (below) by the named minor's parent/guardian.*

I hereby authorize emergency medical treatment, of the minor child listed below, by qualified & licensed medical personnel in the event of a medical emergency and for which delayed treatment, in the opinion of attending medical personnel, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort. This authority is granted only after a reasonable effort has been made to contact me.

Name of Minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am this child's Parent: \_\_\_\_\_ OR Guardian: \_\_\_\_\_ (check one)

This release form has been completed and signed of my own volition for the sole purpose of authorizing emergency medical treatment for the above named minor child in my absence. *I do not hold St. Lucas United Church of Christ or its employees or any chaperones/volunteers liable for injury to named minor or expenses incurred as a result of said injuries.*

Parent/Guardian PRINTED Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
*Valid for one year from this date!*

## PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION:

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_

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## PERSON RESPONSIBLE FOR YOUTH IN PARENT/GUARDIAN'S ABSENCE:

Kit Norton, Youth Ministry Coordinator, and/or Amy Bush, Asst. Youth Ministry Coordinator, and/or other Youth Ministry/Confirmation Program Adult Volunteer(s)

## PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please Print

Date of **last tetanus booster**: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Chronic Illness (i.e. asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

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**PLEASE NOTIFY KIT NORTON (314.221.1624, [KITNORTON@STLUCASUCC.ORG](mailto:KITNORTON@STLUCASUCC.ORG)) OR AMY BUSH (314.348.7588, [ABUSH@STLUCASUCC.ORG](mailto:ABUSH@STLUCASUCC.ORG)) OF ANY CHANGES TO THIS INFORMATION ASAP!**