

GATHERING COPY

Medical Release/Medical Information/Photo Release Form

SW MN Synod Senior High Youth Gathering

Please reproduce this form – one form for every youth and adult.

Name of gathering registrant: _____

Age: _____ Phone #: _____

Parent/Guardian Name(s) _____

Are there any medical conditions or allergies that we should know about?

If parent/guardian is unavailable, please contact:
_____ Phone #: _____

Insurance Company name and policy #:

I hereby grant my permission for my child to attend the SW MN Synod Senior High Youth Gathering, to be held at the Country Inn and Suite in Mankato, MN from March 12-13, 2010. I also grant my permission, in case of an emergency, for medical attention to be sought by the chaperones for my child's group and/or the persons in charge of the gathering. I understand that all efforts will be made to notify me immediately of any such happenings.

Signed: _____ Date: _____
(Signature of parent/guardian)

I also give permission for the use of photographs, video and electronic images including my child in Youth Gathering materials, including online sources such as Facebook and the synod website.

Signed: _____ Date: _____
(Signature of parent/guardian)

CONGREGATION COPY

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