

Instructions: Print form and handwritten information. Don't forget signatures at bottom.

**St. Paul's Evangelical Lutheran Church, Carlisle, Pennsylvania
Youth Group Medical and Travel Authorization Form**

Event: _____ Event Date: _____ / _____ /20_____

Medical Information

Youth Name: _____ Birth date: _____

Parent/Guardian: _____

Street Address: _____

City: _____ State: Zip: _____

Phone (with Area Code): Day _____ Night _____

Family Physician: _____ Phone (with Area Code): _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

Is your youth currently taking medications? Y/N List name and dosage (cont. on back): _____

Is your youth allergic to any medications? Y/N List allergies (cont. on back): _____

What was date of your youth's last tetanus shot? _____ / _____ / _____

Are there any medical or physical conditions that we need to be aware of? (cont. on back)

Emergency Contact Information

Name: _____ Phone (with Area Code): _____

Street Address: _____

City: _____ State: _____

Relationship to Youth (family friend, neighbor, aunt, etc.) _____

In the event I can not be reached in an emergency, I hereby give my permission to the physician/hospital selected by the adult leaders to provide proper medical attention for the above named youth. Also, if I cannot be reached the above named emergency contact may act on my behalf.

Signature: _____ Date: _____

Travel Information

My youth has my permission to drive themselves to/from this event: Yes _____ No _____

My youth has permission to have other youth in the car with them going to/from this event. Yes _____ No _____

My youth has my permission to ride in a car driven by (youth name):

My youth can only ride with an adult. Yes _____ No _____

I am available to provide transportation (please check) To: _____ From: _____ event. I can take _____ passengers.

Signature: _____ Date: _____

