

**Rocky Mountain Synod – ELCA
Health & Medical Release Form
2012 MSYG**

*This form must be completed for each participant 17 and younger.
Also recommended for each adult.*

Give one copy to the MSYG Planning Team. This information will be shredded following the 2012 event.

I give permission for my child (youth participant) or **I agree** (adult) to travel to/from and to fully participate in the **Middle School Youth Gathering, January 13-15, 2012.**

In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s) or relatives listed below. If these contacts cannot be reached, I hereby give the MSYG Chair/Co-Chair and RMS staff representative and appointed adult volunteers of the Rocky Mountain Synod permission to act on my behalf in seeking emergency treatment for my child/me in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that the Rocky Mountain Synod, the staff or volunteers from the MSYG Planning Team are not responsible for any or all related injuries that may occur during these events.

Name of Participant _____ Grade ____ Birthdate _____ M or F

Parent/Guardian Name _____
If participant is a student in MS

Address _____ City _____ State ____ Zip _____

Phone (Home) _____ (Work) _____ (Cell) _____

Insurance Company _____ Phone _____

Insurance Company Address _____

ID# _____ Group # _____ Policy Holder's Employer _____

Fill this out for all youth AND adults: If parent/guardian named above cannot be reached or adult needs emergency treatment, please call the following relative:

Name _____

Address _____

Relation _____ Phone (H) _____ (W) _____ (C) _____

Please add on the back additional information regarding medical history, allergies, drug reactions, current prescriptions & medications being taken etc., that may be needed or useful in treatment . . .

Congregation _____ City _____

Participant Signature _____

Signature of Parent/Guardian _____

Required for anyone who is 17 and younger.

Rocky Mountain Synod, ELCA 455 Sherman Street, Suite 160 + Denver, Colorado 80203

Date forms are due _____ Registration Cost \$ _____