

RMS Health & Medical Release Form for the 2010 SHYG

*This form must be completed for each participant 17 and younger. Also recommended for each adult.
Bring two copies to the SHYG. Keep one copy with the adult responsible for his/her group.
Give one copy to the SHYG Planning Team. This information will be shredded following the event.*

I give permission for my child (youth participant) **or I agree** (adult) to travel to and to fully participate in the **Senior High Youth Gathering, November 19-21, 2010** at the YMCA, Estes Park, CO

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 my congregation's adult leaders, the YMCA staff and appointed 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 my congregation (congregation named below) are not responsible for any or all related injuries that may occur during this event.

Name of Participant _____ Grade ____ Birthdate _____ M or F

Parent/Guardian Name _____
If 17 or younger or still a student in HS

Address _____ City _____ State ____ Zip _____

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

Insurance Company Insurance Co. _____ 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 following relative:

Name _____

Address _____

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

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

Congregation _____ City _____

Adult/Group Leader _____ (C) _____

Participant Signature _____

Signature of Parent/Guardian _____
Required for anyone 17 or younger or enrolled in High School