

**Medical Release/Medical Information/Photo Release Form**  
**SW MN Synod Senior High Youth Gathering 2019**

*Please reproduce this form - one form for every youth and adult.*

GATHERING COPY

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 \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby grant my permission for my child to attend the SW MN Synod Senior High Youth Gathering, to be held at the Lake Geneva Christian Center, Alexandria, MN from April 5-6, 2019. **By attending the gathering, I agree to the use of photographs, video and electronic images including my child in Youth Gathering materials, the synod website and social media.** I 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: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_

-----  
CONGREGATION COPY

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 \_\_\_\_\_ Policy # \_\_\_\_\_

I hereby grant my permission for my child to attend the SW MN Synod Senior High Youth Gathering, to be held at the Lake Geneva Christian Center, Alexandria, MN from April 5-6, 2019. **By attending the gathering, I agree to the use of photographs, video and electronic images including my child in Youth Gathering materials, the synod website and social media.** I 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: (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_