



PERMISSION AND MEDICAL RELEASE

Activity Junior High Youth Group Zip lining Trip
Lutheran Outdoor Education Ministries
Oregon, Illinois
Date October 8 - 9, 2016

Participant's Name _____

Birth Date _____ **Home Telephone No.** _____

Parent/Guardian Name _____

Home Address _____

Cell Phone Nos. _____

Medical Information:

Does the participant have any of the following? Please list and explain. If you need more space, please use back of form.

Special diet _____

Allergies _____

Medication _____

Who may administer? _____

Chronic/Recurring illness _____

Surgery or serious illness in the past 12 months _____

Physical Conditions that limit activity _____

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this activity to administer emergency treatment to the above-names participant for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and travel to and from this activity.

Parent/Guardian Signature Date

Please attach copy of participant's health insurance card to be used in case of emergency only