

**Our Saviour's Lutheran Church
Servant/Retreat Group
Summer 2013**

MINOR – Permission, Emergency And Medical Release Form

_____ (minor's name) has my permission to participate in the St. Mark's Lutheran Church by the Narrow's Montana Servant Group Trip between July 6-11, 2013 at Our Saviour's Lutheran Church on the Rocky Boy's Reservation, Montana.

While on St. Mark's Lutheran Church by The Narrow's Montana Servant Group Trip, between dates July 6-11, 2013, I give Ingelaurie Lisher permission to seek emergency medical treatment for my child.

Name of Participant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date of Birth: _____

Physician Name: _____ Phone: _____

Insurance/HMO: _____ ID #: _____

Policy/Group Name/Number: _____

Health problems: _____

Medication Allergies: _____

Food Allergies: _____

Medications: _____

Emergency Phone Numbers:

Home: _____ Work: _____

Cell: _____ Work 2: _____

Signature of Parent/Guardian: _____

Please Print Name: _____

Relation: _____

_____ **(Signature of Participant)** _____ Date