



# Northeastern Minnesota Synod

Evangelical Lutheran Church in America

1105 East Superior Street, Upper Suite • Duluth, Minnesota 55802-2216  
218/724-4424      www.nemnsynod.org      Fax: 218/724-4393

## Health and Release Form: The NE MN Synod Journey to the 2018 ELCA Youth Gathering June 23—July 2, 2018

I give permission for my child (youth participants)/I agree (adult participants) to travel to and to fully participate in the Northeastern Minnesota Synod Journey to the 2018 ELCA Youth Gathering.

I also understand that my child's /my picture may be taken during this event and used on the NE MN Synod, United Way of Galveston, and/or Galveston Urban Ministry web sites or newsletters. No name will be associated with a published picture except with expressed consent.

In case of emergency, I understand that every effort will be made to contact parent(s), guardian(s), or other relatives listed below. If these contacts cannot be reached, I hereby give the staff and appointed volunteers of the Northeastern Minnesota 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 Northeastern Minnesota Synod and agencies partnering with the Synod Journey are not responsible for related injuries that may occur during this event.

### Participant Information

Name of Participant \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ M or F  
(circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Insurance Company Address or Website \_\_\_\_\_

ID# \_\_\_\_\_ Group # \_\_\_\_\_ Policy Holder's Employer \_\_\_\_\_

Participant does not have health insurance.

**Allergies, Prescriptions and Medical History:** Please list all allergies (drugs, food, other), current prescriptions, drug reactions, and any additional comments regarding medical history that may be needed in treatment or helpful for staff: Use back if necessary.

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information (Youth participants MUST give a parent or guardian name and contact info.)

Parent/Guardian/Spouse/Other Name \_\_\_\_\_  
(Circle type)

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

If parent/guardian/spouse is not available, please call relative below:

Name \_\_\_\_\_ Address \_\_\_\_\_

Relation \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Congregation \_\_\_\_\_ City \_\_\_\_\_ Adult Leader \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_  
(For Youth Participants: Parent or Guardian MUST sign for youth to participate)

Participant Signature \_\_\_\_\_  
(For Adult Participants Only)

T-Shirt Size (circle one):  
Adult Sizes  
S M L XL 2XL 3XL