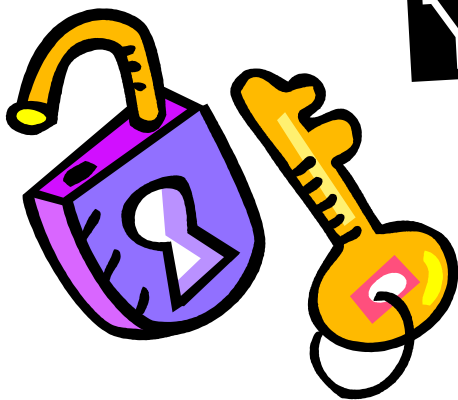


5th-6th Graders ■ Carmel Lutheran Church



YOUTH LINK

LOCK-IN

Emergency Contact Information

Kaitlin Unruh, DCE
Church (317) 814-4252
Cell (224) 578-5157
Kunruh@carmellutheran.org

Permission Form

Friday, Nov 18th—Saturday, Nov 19th, 2011
9 pm—7 am

\$10

All 5th and 6th graders are invited to an entire night of locked-in madness! The night will include an agenda of games, group builders, snacks, pizza, movies, Bible Study and just a little bit of sleep. Don't miss out on the Youth Link Lock-In, friends welcome too!

Please read and sign the below portion and return to MaryAnn McMurry's box with your \$10 payment

- - -Detach below and return to MaryAnn McMurry by Nov 6th - See medical form on reverse

Carmel Lutheran Church—Youth Link Lock-In—Nov 18-19th - Permission Form

Youth Guidelines:

I agree to use my best judgment during this event. I will respect all youth, adult leaders from CLC, as well as the staff and property wherever I am.

Youth Name: _____ Date: _____

Parent Permission Guidelines:

I give Carmel Lutheran Church my consent for my child to participate in the Youth Link Lock-In at Carmel Lutheran Church. I also give consent that all the medical information on the reverse side is correct. I am aware that my child may get little to no sleep and be cranky the next day.

Parent Name: _____

Parent Signature: _____ Date: _____

\$ 10 IS included with this Form: YES or NO ?

PAID _____

**AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS
AND PAYMENT/REIMBURSEMENT**

If your child needs medical or dental care, or health or hospital services, you as parent/guardian, must give permission.

A. MEDICAL TREATMENT

Name of Minor _____

Birth Date _____

Allergies, Special

Conditions, or Medical issues _____

I/We, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint Kaitlin Unruh, or an adult supervisor of Carmel Lutheran Church, to act on my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor(s) in accordance with the provisions of Indiana code 16-36-1-1 et seq. while attending Carmel Lutheran Church Activities.

Effective Dates: November 18-19, 2011

This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required. A copy of this document shall have the same effect as the original. This authorization shall become effective immediately and continue in effect through the last date listed above.

PARENT/GUARDIAN

Name _____

Address _____

Home phone _____ work phone _____

Family Physician

Name _____ Phone _____

MEDICAL INSURANCE COVERAGE FOR ABOVE NAMED MINOR (S):

Insurance Company or Government Program (name):

I.D. or Policy Number _____ Verification phone #: _____

B. PAYMENT/REIMBURSEMENT

In any situation where immediate payment is required:

With my signature I agree to reimburse Carmel Lutheran Church for any medical expenses paid on behalf of my child/children listed above.

C. RELEASE OF LIABILITY

With my signature I release Carmel Lutheran Church and its representatives from liability for any injury to my child while in their care.

Signature of Parent/Guardian _____ Date _____

Payment Type of \$10 (circle one) Check Cash Credits