



## MEDICAL AND EMERGENCY FORM

2018 ELCA Youth Gathering, Multicultural Youth Leadership Event (MYLE), and the tAble in Houston, Texas, June 24-July 1, 2018.

All attendees, both youth and adults, must complete and bring this form with them to the 2018 ELCA Youth Gathering. Attendees may be asked to show a completed copy of this form prior to participation in certain Gathering activities.

The Primary Adult Leader should collect medical and emergency forms, participant agreement forms, and signed covenants for their congregation for use in case of an emergency. Primary Adult Leaders are strongly encouraged to also save digital copies that can be easily accessed from a smart phone.



### PART I: RELEASE OF INFORMATION

Participant name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Emergency contact name, relationship: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

I give all Health Care Providers permission to release PHI (Protected Health Information) regarding the above named participant for use in her/his treatment, payment or health care operations. I understand this PHI may be shared with the Adult Leader, accompanying person and/or the ELCA Safety & Security Medical Management Personnel. This signed authorization is effective for the following dates: June 1, 2018 thru July 31, 2018.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

Insurance card holder's Social Security number: \_\_\_\_\_

Please photocopy the front and back of participant/cardholder's insurance card and indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.

## **PART II: HEALTH HISTORY**

Please complete so that health providers can be aware of your needs.

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Please explain any condition that would prevent participation in any Gathering activity:

Pre-existing medical conditions:

Current medications:

Allergies to food, medication, or environment: