



## 2009 ELCA Youth Gathering Medical & Emergency Form

ELCA Youth Gathering  
Multicultural Youth Leadership Event  
Definitely-Abled Youth Leadership Event  
**New Orleans, Louisiana, July 19-27, 2009**

Please print and complete one copy of this form for each adult, young adult, and youth who will attend the Gathering. All attendees, youth and adult, must bring this signed form with them to the Gathering. You will be asked to produce this form prior to participation in certain Gathering activities.

Include information about your primary health insurance carrier and legibly photocopy your insurance card. We recommend that the Primary Leader be responsible for carrying the forms of everyone in the congregation. Young adults and adults who register as Gathering Volunteer Corps must carry it with them at all times while participating in the Gathering.

### Release of Information:

I, \_\_\_\_\_ / \_\_\_\_\_ of \_\_\_\_\_  
Name Relationship Participant's Name

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: **July 1, 2009 thru July 30, 2009.**

Parent signature and date: \_\_\_\_\_ / \_\_\_\_\_

Participant signature and date: \_\_\_\_\_ / \_\_\_\_\_

Congregational ID: \_\_\_\_\_

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

Parent/Guardian (or emergency contact) name: \_\_\_\_\_

Address, city, state, zip: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_

Insurance carrier and policy number: \_\_\_\_\_

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

**(Please complete both sides of form.)**

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

## **Health history**

**Please complete the following so that health providers can be aware of your needs:**

Does the participant have any condition that would prevent him or her from participating in any Youth Gathering activity? \_\_\_\_yes \_\_\_\_no

If yes, please explain:

Pre-existing medical conditions:

Current medications:

Allergies to food, medication, or environment:

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