

**This is Christ’s church.**

**There is a place for you here.**

We are the church that shares a living, daring confidence in God’s grace. Liberated by our faith, we embrace you as a whole person — questions, complexities and all. Join us as we do God’s work in Christ’s name for the life of the world.

**2015 ELCA Youth**

**Gathering Medical and**

**Emergency Form**

for the 2015 ELCA Youth Gathering, Multicultural Leadership Event (MYLE), and Definitely-Abled Youth Leadership (DAYLE)

Detroit, Michigan, July 12-19, 2015

**Please print and complete one copy of this form for each adult, young adult and youth who will attend the 2015 ELCA Youth Gathering.**

**All attendees, youth and adults must bring this with them to the Gathering. You will be asked to show a completed copy of this form prior to participation in certain Gathering activities.**

The Primary Adult Leader should collect these forms and file them with signed covenants and release of liability forms for their congregation for use in case of an emergency.

*All adult volunteers (Gathering Volunteer Corps, Community Life and Servant Companions) must carry this with them at all times while participating in the Gathering.*

**Include information about your primary health insurance carrier and legibly photocopy both sides of your insurance card.**





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 [**@elcagatherin**](http://www.twitter.com/elcagathering)**g**

 [**#RiseUpTogethe**](http://www.twitter.com/elcagathering)**r**

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 [**youtube.com/elc**](http://www.youtube.com/elca)**a**

 [**www.ELCA.org/gatherin**](http://www.elca.org/gathering)**g**

Release of Information:

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | / |  |
|  | Name |  | Relationship |
| of |  |  |  |  |
|  | Participant Name |  |  |  |

give all Health Care Providers permission to release PHI (Protected Health Information) regarding the above named participate 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, 2015 thru July 30, 2015.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |  |  |  |
| Parent signature (for minor) |  |  |  |  | Date |  |
|  |  |  |  |  |  |  |  |  |  |  |  | / |  |  |  |  |  |
| Participant signature |  |  |  |  | Date |  |
| Congregational ID: |  |  |  |  |  |  |  |  |  |  |
| Participant name: |  |  |  |  |  |  |  |  |  |  |
| Parent/Guardian (or emergency contact) name: |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |  |  |  |  |
| City: |  | State: |  |  |  | ZIP code: |  |  |
| Day phone: |  |  |  |  |  |  |  |  |  |  |
| Evening phone: |  |  |  |  |  |  |  |  |  |  |
| Cell phone: |  |  |  |  |  |  |  |  |  |  |
| Insurance carrier and policy number: |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

Insurance carrier contact number:

Date of last tetanus/diphtheria immunization:



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Health history

**Please complete 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 Gathering activity? |  | yes |  | no |
| If yes, please explain: |  |  |  |  |

Pre-existing medical conditions:

Current medications:

Allergies to food, medication or environment:

Has this youth been diagnosed with ADD/ADHD, a learning disability, depression, panic, anxiety, OCD, and/or any other emotional health concern that staff and/or chaperones should be aware of?

Please indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.