



2012 ELCA Youth Gathering  
citizens with the saints  
Ephesians 2:14-20

## 2012 ELCA Youth Gathering Medical and Emergency Form

Multicultural Youth Leadership Event  
Definitely-Abled Youth Leadership Event  
Medical and Emergency Form  
New Orleans, Louisiana, July 18-22, 2012

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 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 and/or Servant Companions must carry it with them at all times while participating in the Gathering.

### Release of Information:

I, \_\_\_\_\_ / \_\_\_\_\_ of \_\_\_\_\_  
Name Relationship 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, 2012 through July 31, 2012.

\_\_\_\_\_  
Parent signature (for minor) Date Participant signature Date

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

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

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

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

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

Cell phone: \_\_\_\_\_ Please include area codes with all phone numbers.

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

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

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

**Health history - please complete so that health care providers can be aware of the participant's needs**

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

No  Yes - 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 and attach to this form as well as indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.***