



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.

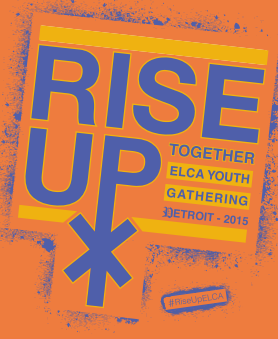
This is Christ's church.

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.



Evangelical Lutheran Church in America
God's work. Our hands.



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: _____

Cellphone: _____

Insurance carrier and policy number: _____

Insurance card holder Social Security number: _____

Date of last tetanus/diphtheria immunization: _____

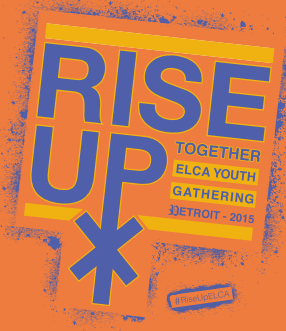
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elcagathering

youtube.com/elca

www.ELCA.org/gathering



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:

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 youtube.com/elca

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