

Friend of: \_\_\_\_\_



# Youth Activity Consent and Medical Form

**Triumphant Lutheran Church**  
21315 Bat Cave Rd.  
Garden Ridge, TX 78266  
210-651-9090



Youth Name (Last)				(First)				(Middle)			
Date of Birth				Parent/Guardian Name(s)							
Address				City				State		Zip Code	
Parent Primary Phone				Parent Secondary Phone				Youth Cell Phone			
Emergency Contact				Relationship to minor				Primary Emergency Number			
Medical/Health Insurance Company				Insurance Group/Policy No.							
Insurance Claims Address				(Address, City, State, Zip)							
Allergies / Allergic reactions for minor											
Medicine being taken by minor											
Other information that a doctor should know											

As the parent or legal guardian of my child, \_\_\_\_\_ ,  
Child's name

\_\_\_\_\_  
Initial I hereby consent for my child to attend and participate in all youth activities of  
Triumphant Lutheran Church, including travel to and from activities and service projects.

\_\_\_\_\_  
Initial I hereby consent for my child to receive any necessary medical treatment during all  
activities of Triumphant Lutheran Church.

Print Name (Parent/Guardian)	
Signature	Date