

# LYG ACTIVITY PERMISSION, HEALTH HISTORY AND AUTHORIZATION OF MEDICAL CARE FORM

Please print legibly!!

## ACTIVITY PERMISSION

In order to provide safe and healthy alternatives for young people, this form is required by the Louisville Youth Group, INC. (LYG) to obtain permission for attendance at LYG activities, and to obtain important information about all participants.

I, \_\_\_\_\_, give permission for \_\_\_\_\_ to attend:  
LYG activity: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that all LYG events will be supervised.

I also agree that by signing this document, I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the LYG, it's Director, Board of Directors, Mentors and other volunteers, with respect to any and all injuries and/or loss or damage to person or property that may occur during, en route to or from, or otherwise in connection with any LYG sponsored event.

**OR**

\_\_\_\_\_  
Parent/guardian of Participant (under 18 years old)

\_\_\_\_\_  
Participant (18 years or older )

## HEALTH HISTORY

Physician's name \_\_\_\_\_ Physician's phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Do you have any known allergies? \_\_\_\_\_ If yes, please list:

Allergies: \_\_\_\_\_

Reactions: \_\_\_\_\_

Are you a diabetic: \_\_\_\_\_ if yes do you take insulin? \_\_\_\_\_

Do you have any other medical conditions(s)? \_\_\_\_\_ If yes, please describe in detail:

\_\_\_\_\_  
\_\_\_\_\_

Here is a list of at least three emergency names and numbers who can be reached (besides myself). These contacts will be used in case of an emergency involving the aforementioned participant if I cannot be reached.

1. Name: \_\_\_\_\_ Number: (    ) \_\_\_\_\_ relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Number: (    ) \_\_\_\_\_ relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Number: (    ) \_\_\_\_\_ relationship: \_\_\_\_\_

OVER Please...

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AUTHORIZATION OF MEDICAL CARE

In the event accidental injuries occur to a participant during any Louisville Youth Group, Inc. (LYG) activity, in spite of supervision, we wish parents/guardians to understand LYG'S procedure and responsibilities in such cases. Attempts will be made to communicate with Parents/Guardians, Doctor or hospital, or other medical provider, depending on the severity of the injury. In the event that \_\_\_\_\_(participant) is injured, I authorize an LYG adult leader to secure first aid, and or arrange to take, the above named youth to above named physician, if such medical provider is available. If such medical provider is not available, I consent to have above named youth taken to another doctor/hospital/medical provider. I understand that in any case of financial responsibility, it is the obligation of the parent/guardian and not the obligation of LYG. I hereby waive any and all cause of action, claims, or demands against the LYG, Director, Board of Directors, Mentors and volunteers in the event that above named youth is injured during the activity or in route to or from the activity.

X \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

X \_\_\_\_\_  
(Printed name)

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_