



# LIGHTHOUSE

Middle School Youth Gathering 2026

## Parent Permission & Medical Authorization Form

### YOUTH INFORMATION:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Church: \_\_\_\_\_ City: \_\_\_\_\_

Allergies/Medical Information the adult chaperones should be aware of:

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List current medications:

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Medical insurance carrier: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Please read and provide your initials to indicate understanding for each item:

I understand that every attempt will be made to reach parents in the case of an emergency situation.

I understand that this form authorizes supervising adults to act in the best interest of the child when a parent/guardian cannot be reached.

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Northwest Synod of Wisconsin  
Evangelical Lutheran Church in America





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## Page 2

*Please read with your child and provide your initials to indicate understanding and permission for each item:*

- I give my child permission to attend and participate in the "Lighthouse" middle school youth gathering on April 11, 2026 at Bethany Lutheran in Rice Lake, WI.
- I understand that if my child's behavior at the event does not comply with expectations that I may be called any time and will be responsible for picking my child up from the event if necessary.
- I give my permission for the adults accompanying my child to seek medical treatment in the case of illness or injury.
- I authorize the physician/hospital staff to treat my child as they deem necessary in the event of an emergency.
- I allow permission for photos of my child to be used in publication or social media in relation to this event (*no names will be used*).

**I understand that my child must be accompanied by an adult leader from my congregation for the entirety of this event; if an adult leader is unavailable, or my child(ren) are the only participants from my congregation, I will be responsible for chaperoning them for the duration of the event.**

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

