

Grace Lutheran Church Children & Youth Activity Permission Form

Students Name _____

Event _____ Date of Event _____

Address _____

Parents Name _____

Home Phone _____ Cell Phone _____

Please list any medical conditions, diet information, physical limitations, or disabilities of the student:

Please list any medications your child will bring and who you want to administer these medications:

Yes ___ No ___ Does your child meet the minimum requirement of 8 years old, or 80 pounds? If NO, you are responsible for providing the proper safety seat.

Emergency Contact (other than parent):

Name _____ Phone _____

Name _____ Phone _____

Emergency Information:

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact the parents and Emergency Contact person listed above. In the event that no one can be reached, I hereby give Grace Lutheran Church my permission to contact the physician or dentist listed above to render medical treatment. In the event that the doctor or dentist cannot be contacted, I hereby give my permission to Grace Lutheran Church to secure medical treatment for my child as deemed necessary.

I understand that all reasonable safety precautions will be taken at all times by Grace Lutheran Church during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Grace Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

I give permission for my child to be transferred by a designee of Grace Lutheran Church.

Parent's Signature _____ Date _____