

CHILDREN'S PERMISSION AGREEMENT

I agree that St John Lutheran Church, the pastors, the sponsors, and coordinators will not be held liable for any accidents or injuries incurred by my child. This applies to any and all activities associated directly with St John Lutheran Church from:

September 1, 2010 through August 31, 2011

I give permission to the adult sponsors and pastors of St John Lutheran Church to obtain /provide over the counter medicine and any medical treatment to my child which they deem necessary and I give medical personnel permission to provide that treatment. I also understand that I will alert the adult sponsor of any medications that my child requires and shall provide that medication to the adult sponsor. The medication shall be in the original container.

Signature of parent or guardian _____ Date _____

NAME: _____ DOB _____ AGE _____ GRADE _____

NAME: _____ DOB _____ AGE _____ GRADE _____

NAME: _____ DOB _____ AGE _____ GRADE _____

PARENT/GUARDIAN _____

ADDRESS _____ HOME PHONE # _____

BUSINESS PHONE # _____ CELL # _____ EMAIL _____

PARENT/GUARDIAN _____

ADDRESS(if different) _____ HOME PHONE # _____

BUSINESS PHONE # _____ CELL # _____ EMAIL _____

Where you be located during the Sunday school hour:

Names and phone numbers to call in case of emergency

1. _____

2. _____

Physician's Name: _____ Phone # _____

Family medical/hospital insurance carrier _____

Policy or Group No. _____ Insured _____

Immunization: If child is not enrolled in public school

D.P.T. _____ Oral Polio _____ Mumps _____ Tetanus _____

Measles _____ Rubella _____ Hepatitis _____ TB _____

Allergies: _____

Indicate any current medical problem, chronic illness, current medication and/or allergy to medicine: _____

(Please complete the reverse side of this page)

Please use the space below to tell us any other information that would assist us in working with your child(ren)?

Photo Release

I grant St. John Lutheran Church, it's representatives and employees the right to take photographs of _____
Name of Persons

I agree that St. John Lutheran Church may use such photograph of the above named persons with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature (parent of guardian if under 18) _____

Printed Name _____

Date _____

(This form will be kept on file at the church and will be taken on any activity away from the church)

