

I agree that St. John Lutheran Church (SJLC), the pastors, the staff, 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 SJLC.

I give permission to the adult sponsors and pastors of SJLC 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 will be in the original container.

Signature of Parent/Guardian: _____

Print Name: _____

Date Signed: _____

EMERGENCY CONTACT(S): Name and Phone Number

1. _____
2. _____

Physician's Name: _____ Phone #: _____

Medical/Hospital Insurance Carrier: _____

Policy or Group #: _____ Insured: _____

IMMUNIZATIONS: If child is NOT enrolled in public school

DPT___ Oral Polio___ Mumps___ Tetanus___ TB___

Measles___ Rubella___ Hepatitis___

ALLERGIES: (Food, Medications, etc.)

Indicate any current medical problem, chronic illness, current medication: _____

PHOTO RELEASE: I grant SJLC, its representatives and employees the right to take photographs of _____. I agree that SJLC may use such photographs of the above named child, with or without their name and for any lawful purpose, including publicity, web content, SJLC Facebook page, etc.

I have read and understand the above: Parent/Guardian Signature:

_____ Date Signed: _____