

Parental Consent & Emergency Medical Release Form

For Transportation & Off-Campus Activities at St. John's Lutheran Church

PLEASE NOTE: Parent and student must sign this form. Kindly return completed form to the St. John's Lutheran Church office at your earliest possible convenience. Thanks for your understanding and cooperation!

Student Name:		Grade:	
Street Address:		City, State, Zip:	
Home Phone:	Parent Cell Phone:	Parent Work Phone:	Student Cell Phone:
Family Email:			
Custodial Parent / Guardian Name:			
Student's Doctor:		Doctor's Phone #:	
Family Health Insurance Carrier:		Insurance Policy #:	
Medication(s) to be taken <i>(Please list with instructions-use back of form if necessary):</i>			
Other Medical Information <i>(allergies, medical conditions, etc.):</i>			
Emergency Contact Person #1:	Telephone Number(s) for Emergency Contact:		Relationship to Student:
Emergency Contact Person #1:	Telephone Number(s) for Emergency Contact:		Relationship to Student:

***PARENT/GUARDIAN:** As custodial parent and/or legal guardian, I hereby consent to the participation of my son/daughter in the St. John's Lutheran Church (SJLC) event noted below. I understand this form provides permission for my student to participate in a special program-related event held at a location other than the church grounds of SJLC Church. I understand that private or public transportation may be provided. I understand that SJLC, in compliance with the South-Central Wisconsin Synod of the ELCA requirements, has taken proper precautionary steps to help assure my child's safety: background checks for adult volunteers of the parish, driving-record checks of volunteers who provide transportation, and a ratio of 1 adult per 7 students for adequate supervision. FURTHER, as parent/legal guardian, I remain fully responsible for any actions taken by the above named student—including disruptive or dangerous behavior that may necessitate a phone call requesting I retrieve my child immediately. Having such reassurances, I hereby hold harmless SJLC, the South-Central Wisconsin Synod of the ELCA, its officers, directors and agents, and all employees and chaperons associated with this event. FINALLY, in the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment or surgery.

Parent/Legal Guardian's Name (Please Print)

Parent/Legal Guardian's Signature

Date

***STUDENT:** As a SJLC student or invited guest, I agree to (a) Follow all the rules of the event, (b) Adhere to all staff and volunteer requests and (c) Refrain from behaviors I know to be disruptive/dangerous/disrespectful. If I choose to ignore any of these, even after I've been warned, I understand that my parent/guardian or emergency contact will be phoned immediately to retrieve me from the event.

Student's Name (Please Print)

Student's Signature

Date

Consent for Transportation – St. John’s Lutheran Church

As the parent or guardian of the person listed below, I give my permission for my child to be transported to and from church sponsored events, with the following conditions:

- My child ____ may or ____ may not ride alone with an adult church worker.
- My child ____ may or ____ may not ride in a vehicle in which the driver is a minor who is legally allowed to drive with other minors in the vehicle.
- These persons are always given permission to drive my child whether or not they meet the above requirements (this is a good place for teenage siblings, trusted youth and adults, etc.)

Name of Child (please print clearly): _____

Name of Parent (please print clearly) _____

Signature of Parent _____ Date _____

Media Release

St. John’s uses photographs and videos of youth events in its newsletters, on the church website, and in presentations in worship. Most shots will be of groups of children and your child’s name will not appear. Please check below if you do not give your consent for your child to appear in church media.

- I do consent for my child to appear in church media
- I do not consent for my child to appear in church media.

Signature of Parent: _____ Date: _____