



ACTIVITY CONSENT FORM & APPROVAL BY PARENTS OR LEGAL GUARDIAN

Epiphany Lutheran Church is planning: CIA—Epiphany’s annual Christmas Caroling

Date: Sunday, December 13, 2015 Time: 1:00pm - 3:30pm

Location: Various Locations Phone number:

Arrangement for Transportation:

Time: After meal around 1pm and place of departure: Epiphany Lutheran Church

Time: 3:30pm and place of return: Epiphany Parking Lot

Mode of transportation: Caravan with adult leaders

Adults attending: Laurie Tinc

Other equipment and clothing needed:



(Tear off and return this portion to the leader or adult in charge of activity)

My child _____ has my permission to participate in

CIA Christmas Caroling. Date of the trip is Sunday, December 13, 2015.

I have verified that all information contained on the Medical Release Form is accurate and current. In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

During the activity, I may be reached at:

Phone #: _____ Cell #: _____

If I am not available at the above numbers above please contact the persons listed on my child’s Medical Release Form.

Printed name of parent or legal guardian

Signed name of parent or legal guardian

Date

In addition to this form, a Medical Release Form completed and signed by the parent within the current school year is required to be on file in the church office.