



Christ the King Lutheran Church Release Form

I give my child(ren) permission to attend Christ the King Lutheran Church sponsored youth functions either held at the church, or off-site.

Youth Name _____ Youth Phone _____ Grade _____

Youth Name _____ Youth Phone _____ Grade _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Email _____

Medical Release

I (we) understand that in the event medical treatment is required, every effort will be made to contact me (us). However, if I (we) cannot be reached, I give my (our) permission to the Christ the King staff or sponsor to obtain the needed medical treatment.

Insurance Co. _____ Policy Number _____

Please list any allergies, other pertinent medical conditions, concerns, or medications:

Alternate Emergency Contacts

1) Name _____ Phone Number _____

2) Name _____ Phone Number _____

Photo/Video/Texting Release

I grant my permission for Christ the King Lutheran Church to use photographs or videos taken of my child(ren) for use in all church-related publications, electronic, or otherwise. I also grant permission for CTK staff and authorized volunteers to communicate with my child(ren) through text messaging .

I decline photo/video/texting release.

Parent Signature _____

Print Name _____ Date _____