



My son/daughter (name), \_\_\_\_\_ has my permission to attend and participate in the activities with the youth group from Community Lutheran Church of Flat Rock for the 2016/2017 year. I hereby release Community Lutheran Church, their respective representatives, their driver and/or other adult leaders from, and of, any liability for injury. I give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending this event.

I authorize the responsible adult agents of Community Lutheran Church, to whom the care of my child has been entrusted, to consent to any medical or dental treatment deemed necessary in the event of an emergency injury. I understand that every effort will be made to contact me first. I understand that I may be liable to pay all costs and expenses incurred in connection with such services rendered, pursuant to this authorization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group ID: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Media Release: I authorize Community Lutheran Church to use photographs, audio recordings, video recordings, or press releases, in which the above named student appears, for publication purposes. The purpose of this release form refers to publications used for church-related purposes and may be used at future dates. \_\_\_\_\_ Initials

Please list any medications (prescription or over the counter) that your child is currently taking and any other information that you feel may be necessary on the back of this form.