

2019-2020 Consent Form for Minor Child

A parent or guardian must complete this entire form. In the event of an emergency, this form will be essential for contact and for your child's care. Please check that you have completed all sections of this form before turning it in, including all signatures and initials.

Part 1: Minor Child Information

Child Name: _____ Baptized?: Yes No

Age: _____ Date of Birth: _____ Grade: _____

Child Name: _____ Baptized?: Yes No

Age: _____ Date of Birth: _____ Grade: _____

Child Name: _____ Baptized?: Yes No

Age: _____ Date of Birth: _____ Grade: _____

Child Name: _____ Baptized?: Yes No

Age: _____ Date of Birth: _____ Grade: _____

Part 2: Parent/Guardian Contact Information

Parent/Guardian Name(s): _____

Home Address: _____

Primary Phone: _____ (home or cell?)

Secondary Phone: _____ (home or cell?)

Email Addresses: _____

Would you like to receive emails about events? Yes No

Would you like to receive texts about events? Yes No

Part 3: Emergency Contact Information

In the event that I/we cannot be reached, please contact:

Emergency Contact #1

Name: _____ Relationship: _____

Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____

Phone: _____

Part 4: Family Physician & Insurance Information

Family Physician: _____ Phone: _____

Preferred Hospital: _____

Insurance Company: _____

Policy #: _____ Phone: _____

Part 5: Authorization for Medical Care

Release of Liability:

I assume all risks of my child(ren) participating in activities at or sponsored by St. John's Evangelical Lutheran Church, whether such risks are known or unknown to me now.

I agree to indemnify and hold harmless St. John's Evangelical Lutheran Church and its ministers, leaders, employees, volunteers, and other parties involved from any claim that my child(ren) may have or that I may have against them as a result of injury or illness incurred during the course of his or her participation.

First Aid and Emergency Medical Treatment:

I recognize that my child(ren) may need first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I give permission for agents of St. John's Evangelical Lutheran Church to seek and secure necessary medical treatment for my child, including hospitalization, if such a need arises.

I give permission for attending physicians and other medical personnel to administer any necessary medical treatment (including surgery), and I agree to pay for my child's medical treatment.

Parent/Guardian Signature: _____ **Date:** _____

Part 6: Photography Agreement

_____ I understand that photographs or videos may be taken of my child(ren) during events or meetings at St. John's Evangelical Lutheran Church. I waive the right to inspect or approve the photographs or videos if used for publications by the church. Examples of use include brochures, postcards, posters, St. John's website, and social media.

_____ I understand that photographs or videos may be taken of my child(ren) during events or meetings at St. John's Evangelical Lutheran Church. I waive the right to inspect or approve the photographs or videos if used for publications by the church with the exception of:

Part 9: Supervision & Safety

I understand that all children in 6th grade and below must be signed in and out of activities by a parent or guardian unless other arrangements have been made with church staff.

Parent/Guardian Signature: _____ Date: _____

Allergies and Medical Information:

Do any of your children have medical needs that we should be aware of? Please list your child's name and corresponding information below.

Updated July 29, 2019