**Permission and Waiver for Lutheran Church of the Resurrection Event**

 **and Medical Information**

(To be completed by all parents)

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| **EMERGENCY CONTACT INFORMATION** |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Emergency Contact (*person other than a parent)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Age:\_\_\_\_\_\_\_ |

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| **STUDENT INFORMATION** |
| Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Age:\_\_\_\_\_\_\_ |
| Parents/Guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ |
| Father: Phone-Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mother: Phone-Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Family Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **MEDICATION PERMISSION** |
| Does your child have any medical conditions (**including allergies**) or concerns that could impact their health/safety while under the supervision of Lutheran Church of the Resurrection (“Resurrection”)?🞎No 🞎Yes- If yes list conditions/concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Does your child carry an EPI Pen?🞎No 🞎Yes\*If yes, your child **must** carry their EPI Pen to any Resurrection event.🞎 Please check here to affirm that an EPI Pen has been provided to a Resurrection staff member or that your child has an EPI Pen with them. **If your child requires daily medication:**ALL medications require both health care provider and parent permission. 🞎 I affirm that I have provided all medication necessary to ensure my child’s health/safety and that all medications provided were prescribed by a doctor, and are given with parental permission.  |

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| **PARENT PERMISSION** |
| Please check the following to acknowledge your permission and understanding:🞎 I, the parent or legal guardian of the aforementioned child, a minor, hereby authorize Lutheran  Church of the Resurrection personnel to seek medical attention that may be necessary in an emergency situation. I, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. 🞎 My child has my permission to attend this church event/activity. I understand that he/she will be subject to all rules, regulations and supervision of the chaperones. I affirm that I have disclosed any medical information necessary to ensure the safety of my child while at this event/activity. I affirm that I have disclosed the need for, and provided, any medication that my child may need while under the care of Lutheran Church of the Resurrection. 🞎 I understand that there are certain risks inherent in the participation in physical activity, and I knowingly and voluntarily assume the risk of injury, illness or other harm due to any act, event or omission related to my child’s participation. 🞎 I give my consent for photographs and video images of my child to be used on the Resurrection website, classroom videos/posters, church services and/or church publications.  (**If you do not give permission for the aforementioned, do not check this box**).  |
| **PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |