



**Faith Lutheran Church
Photo and Medical Release
Kids Camp 2017**



Faith Lutheran Church has my permission to take and use photographs of my child for use church-related presentations and publications, such as newsletter, church directory, website and Facebook page. I understand they will not be used for any other purpose.

Signature of Parent/Guardian

Date

AUTHORIZATION FOR TREATMENT OF MINOR

I, _____ being the (Parent/Guardian) of _____ give my consent to Faith Lutheran Church to call a licensed Colorado physician for emergency medical and/or surgical treatment of this minor in a licensed hospital should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time and conditions permitting. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I will be responsible for any expense incurred on behalf of this child. I also agree to not hold Faith Lutheran Church liable for any accident that occurs to my child while in their care.

Signature of Parent/Guardian

Date