



# ST. PAUL LUTHERAN PARENTAL CONSENT FORM 2010 - 2011

(please print legibly)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

e-mail address \_\_\_\_\_

Parent Phone Contacts: \_\_\_\_\_

circle: (business • cell • pager) (business • cell • pager) (business • cell • pager) (business • cell • pager)

## LIABILITY CLAIMS

In consideration for my child being accepted as a participant in activities at St. Paul Lutheran Church through August 31, 2011, I, being 21 years of age or older, do hereby release, forever discharge and agree to hold harmless St. Paul Lutheran Church (ELCA), Maryville, Tennessee and the officers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and my child that occur while participating in activities sponsored by St. Paul Lutheran Church. Further, should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of my or my child's participation in recreation and work activities.

Further authorization and permission is hereby given to St. Paul Lutheran Church to arrange any necessary transportation, food and lodging for my child, and I agree to pay those costs, even if my child withdraws from participation.

The undersigned hereby agrees to hold harmless and indemnify St. Paul Lutheran Church, its officers, employees and agents, for any liability sustained by St. Paul Lutheran Church as the result of the negligent, willful or intentional acts of my child, including other expenses incurred.

## MEDICAL AUTHORIZATION

I hereby give permission to take my child to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act, whether diagnosis or treatment is rendered at the office of the physician or at a hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with medical and dental services rendered to my child pursuant to this authorization.

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

Medical Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Additional Emergency Contacts: \_\_\_\_\_

*name relationship phone number*

*name relationship phone number*

PLEASE LIST ALL ALLERGIES AND / OR SPECIAL MEDICAL CONDITIONS:

\_\_\_\_\_

## PUBLICATION AUTHORIZATION

I hereby give my permission (check appropriate statement)

I do not give permission

to use my child's photographic likeness and first name in communication and marketing materials of St. Paul Lutheran Church, including but not limited to St. Paul's website, brochures, newsletter, and bulletin boards.

## ATTENDANCE PERMISSION

The undersigned hereby gives permission for my child, named above, to attend and participate in activities sponsored by St. Paul Lutheran Church through August 31, 2011. I also give permission for my child to ride with an approved driver while attending and participating in activities sponsored by St. Paul Lutheran Church.

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian date

Revised 6-16-09

A copy of this form has the same authority as the original.