

# Parent Consent Form 2009 – 2010

I/We, the parent(s) or legal guardian(s) of (please print name of child) \_\_\_\_\_, do hereby give my/our permission for the above child to participate in any events sponsored by **Christ Lutheran Church**. I/We hereby grant permission to Pastor Shawn Nettleton and/or any other adult leaders to seek any medical treatment for my son/daughter in the event of injury. I/We give authorization for any necessary medical/dental treatment (x-rays, etc.) to be administered to my son/daughter by any qualified physician and/or any qualified ambulance personnel during 2009-2010. I/We declare that my/our child is covered by primary accident and medical insurance and assume all responsibility and liability for injury to my/our child. In the event of injury I/we will be notified as soon as possible by Pastor Nettleton and/or any of the adult leaders.

\_\_\_\_\_  
Signature of Parent /Guardian \_\_\_\_\_  
Date

**PHONE NUMBERS WHERE I CAN BE REACHED:**

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  

Home
Work
Other

**EMERGENCY CONTACT:** Who can church leaders contact if you are unreachable at the above numbers?

Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Your Medical Insurance Company and Policy/Group # \_\_\_\_\_  
 \_\_\_\_\_

Medical concerns and medications church leaders need to know about (allergies, health condition requiring treatment, etc.) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IMAGE RELEASE:** I hereby give Christ Lutheran Church the right and permission to use and/or publish, in print or via electronic media (including Christ Lutheran Church’s internet web site) any photographic materials of me while participating in Christ-sponsored events.

Printed Name: \_\_\_\_\_

Youth’s Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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