

# PARENTAL CONSENT FORM

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Name of Parent: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name and phone number of emergency contact other than parents:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Authorization and Waiver

The undersigned does hereby give permission for my/our child, \_\_\_\_\_, to attend and participate in activities sponsored by Good Shepherd Lutheran Church and to be transported in a vehicle driven by a pastor, youth ministry worker, member or affiliate of Good Shepherd Lutheran Church.

In the event of my Child being involved in an accident or becoming ill, if I cannot be reached or if circumstances require immediate action, I authorize the church and its agents to consent to emergency examination, treatment or medical care for my child that is deemed advisable and provided under the supervision of medical personnel. I also release the church and its agents from responsibility in the case of illness or accident beyond the control of the church and its agents in connection with church activities.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Information

Does your Child have any allergies? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please list and briefly describe the allergies. Please indicate which allergies may result in a reaction requiring immediate or emergency attention and provide any additional information about the appropriate response to an allergic reaction.

\_\_\_\_\_  
\_\_\_\_\_

## Photo Waiver

I agree that Good Shepherd Lutheran Church may take photographs of my child in connection with church-related events and may use such photographs for any lawful purpose, including such purposes as publicity, illustration and Web content.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_