

Sunday School Release and Consent Form

Lutheran Church of the Resurrection
Marion, Iowa

Emergency Contact Info

Youth Name: _____
Date of Birth: _____
Home Address: _____
Parent/Guardian Name: _____
Parent Phone: _____

Emergency Contact Name: _____
(Individual needs to be someone other than the child's parents/guardians who can be contacted if the parents/guardians cannot be reached in the event of an emergency.)

Emergency Contact's Phone: _____
Emergency Contact's Relationship to the child: _____

Authorization to Consent to Medical Treatment

I, We, the parents or legal guardians of _____, a minor, hereby authorize Lutheran Church of the Resurrection personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and Lutheran Church of the Resurrection is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

Medical Insurance Carrier: _____
Hospital Preference: _____
Family Physician: _____

Please list any medical conditions or concerns that would effect emergency treatment for your child:

List any allergies that would be a health concern or effect emergency medical treatment: (Examples: food, medications, latex, insect stings, etc.)

(If so does your child carry an EPI Pen? _____)

Image Consent

I/We do _____ do not _____ give my consent for photographs and video images of my child to be used on the LCR website, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: _____

Date: _____