

# Wednesday Night Live

**3rd – 5th grade**

<b>Student's Name:</b> _____			
<b>Birthday:</b> _____	<b>Age:</b> _____	<b>Grade:</b> _____	<b>M / F</b>
<b>Parent Name(s)</b> _____			
<b>Address:</b> _____			
_____	_____	_____	_____
Street	City	Zip	
<b>Phone #:</b> _____		_____	
Home		Cell (s)	
<b>Email:</b> _____			
<b>School:</b> _____			

## **Adult Opportunities to help include:**

\_\_\_\_\_ **Wednesday Helper 6:00—7:00 pm**

\_\_\_\_\_ **Special Events Helper** for parties, outdoor activities, service projects

\_\_\_\_\_ **Other skills to share** technology, sewing, crafts, music, etc. (please list skill)

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

\_ **Youth Medical Release and Consent Form**  
Lutheran Church of the Resurrection  
Marion, Iowa

Youth Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_

Parent (1) Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (evening) \_\_\_\_\_

Parent (2) Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (evening) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Person with Primary Coverage: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's 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: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (evening) \_\_\_\_\_

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.

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

Is your child currently taking any medication emergency personnel should be aware of? \_\_\_\_\_ if yes, please list:

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

Are there any known conditions that would prevent your child from participating or engaging in any activities or events?

**Participation and Image Consent**

I/We give my consent for \_\_\_\_\_ to attend and participate in the customary youth activities at Lutheran Church of the Resurrection, 3500 29<sup>th</sup> Ave, Marion, IA and off property activities sponsored by the Church. I understand that there will be adult supervision at each event.

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: \_\_\_\_\_

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