

Wednesday Night Live

3rd – 5th grade

Student's Name: _____

Birthday: _____ **Age:** _____ **Grade:** _____ **M / F**

Parent Name(s) _____

Address: _____
Street City Zip

Phone #: _____
Home Cell (s)

Email: _____

School: _____

Adult Opportunities to help include:

_____ **Wednesday Helper** from 6:00—7:00 pm (DOES NOT HAVE TO BE EVERY WEEK)

_____ **Help with Game Night**—play games with the kids

_____ **Special Events Helper** for parties, outdoor activities, service projects

_ **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 29th 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: _____