



**Our Savior's Lutheran Church
749 Bluff Street, Beloit, WI 53511**

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____

Birth date: _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the Youth Group of Our Savior's Lutheran Church, Beloit, WI. I further give permission for my child to be transported to and from events by staff and volunteer drivers authorized by Our Savior's Lutheran Church. This permission is in force for any and all events, field trips, and service projects from **August 1, 2022 through July 31, 2023** or until revoked in writing by the parent or legal guardian whose signature appears below.

Medical Release

I hereby authorize the staff, leaders, volunteers, Our Savior's Lutheran Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, surgeon, and/or dentist licensed under the Medical Practice Act for my child. I agree that I am responsible for all charges for the dental, medical, or hospital care or treatment.

Activity Release

I further give permission for my child to participate in all activities during these event(s) and travel to/from, except as noted:

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City

State

Zip

Phone Numbers

**Phone Type
(Home, Mobile, etc.)**

Parent(s)/Guardian(s) Email address(es)

Additional Emergency Contact(s)

Name(s)

Relationship to Participant

Health Care Information

Participant Name: _____

Birth date: _____

Physician

Name	Clinic/Medical Group
Phone	City, State
Medical Insurance Company*	
Policy/Group Number*	
Name of Policy Holder	*Include copies of front & back of insurance card(s).

Please list any known allergies: _____

Date of last tetanus shot: _____ For your child's safety, does your child know how to swim? _____

Please list any prescription medication to be taken by the participant:

Please list any non-prescription (over-the-counter) medication you do **NOT** want dispensed to your child:

Please list any additional information relevant to participating in the mission trip (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

You have received this parental consent form to both inform you and to request your permission for your **child's photo/image** and name to be published online by Our Savior's Lutheran Church. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing to the pastor(s) and such rescission will take effect upon receipt.

Check one of the following choices:

_____ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be used and published by Our Savior's Lutheran Church in print and/or online.

_____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be used and published by Our Savior's Lutheran Church in print and/or online.

_____ I/We DO NOT GRANT permission for photo/image that includes this youth to be used and published by Our Savior's Lutheran Church in print and/or online.

Signature of Parent or Legal Guardian_____
Printed name of Parent or Guardian_____
Date