

Permission Slip / Medical Release

Student's Name _____ Age _____

Address _____

Parent(s) / Guardian(s) _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Email address _____

School _____ City _____ Grade _____

Doctor's Name _____ Phone _____

Doctor's Address _____

Allergies and other known diseases, disorders, or disabilities? (List on back of form)

FOR PARENTS: I give permission for my young person to take part in **IGNITE Confirmation and all ministry events relating to the program**. In consideration of the opportunity for my young person to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless Faith Lutheran Church, it's agents, employees and the chaperones, leaders, organizers, sponsors, and persons transporting our young person to and/or from these activities. Neither Faith Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness, or death incurred as a direct result of the activity.

PHOTO & VIDEO RELEASE: Faith Lutheran Church has my permission to use pictures or video of my young person(s) for educational and/or marketing purposes. Names of young persons will be not used.

POLICY ON BEHAVIOR: Faith Lutheran Church holds a policy that all youth events will be drug/alcohol free. If a youth is found in possession of and/or having consumed alcohol, illegal drugs or tobacco the parent(s)/guardian(s) will be notified immediately to come and take their young person home. Any youth who engages in any behavior that is determined to be seriously disruptive will also be sent home.

POLICY ON CELL PHONE/CONTACT INFORMATION: I give permission for my young person to share their cell phone/contact information with an adult Leader from Faith Lutheran (may be used in a group text with your young person's IGNITE Confirmation small group). The only reason adult leader should use the young person's contact information is to relay information pertinent to Faith Lutheran Youth Ministry.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administered.

Parent Signature _____ Date _____

Participant Signature _____ Date _____

In case of injury / illness, contact _____ at _____

Or _____ at _____

Please identify any activities that your young person should not participate in on the back of this form.

Thank you!