PARENT CONSENT FORM

Form needs to be completed for each event.

I hereby give permission for my child to participate in the

_____

sponsored by Trinity Lutheran Church. I will not hold the church or any individual responsible for accidents or personal injury. Further, I hereby grant permission for the adult advisors to administer first aid treatment in the event that our child becomes ill or sustains an injury while under the supervision of church personnel and authorize them to seek medical assistance if necessary.

Our child is allergic to:

_____

_____

Our child is currently taking the following medication:

_____

_____

_____
(Signature of Parent/guardian)

_____ _____
(Home phone) (Work phone)

_____ _____
(Cell phone) (Date)

Emergency Contact Information

Name _____ Age _____ Birthday _____
Last First Middle

Year in school _____ ☐Male ☐Female Email _____

Address _____ City _____ State ___ Zip _____

Mother's name _____ Father's name _____

Emergency contact _____ Relationship _____

Phone: Home _____ Work _____ Cell _____

Medical insurance company _____

Policy # _____ Phone # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

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