

**Immanuel Lutheran Church  
Parental Consent Form**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_

Parent(s) Name (s) \_\_\_\_\_

Parent (s) Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Student Cell Phone: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

To whom it may concern:

The undersigned does give permission for the above child to attend and participate in activities sponsored by Immanuel Lutheran Church.

I authorize an adult of Immanuel Lutheran to consent to an X-Ray examination, anesthetic, medical or surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered aforementioned child pursuant to this authorization.

The undersigned does also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Immanuel Lutheran Church.

Please list any special medical medications or allergies:

Medications: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Hospital Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Special Concerns:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Photo Release Statement

I hereby grant Immanuel Lutheran Church rights to use and publish pictures and other media used to capture my child's likeness, or in which my child may be included in whole or part. I also consent to the use of any printed matter in conjunction therewith.

I hereby release Immanuel Lutheran Church and their legal representatives from any liability.

I also authorize alterations, optical illusion, or use in composite form or otherwise, that occur or be reproduced in the taking of said photographs or in any subsequent processing thereof, as well as any publication thereof at all.

I do realize my child is being photographed and do give permission to Immanuel Lutheran Church to do this freely and in good will.

Signature \_\_\_\_\_

Date \_\_\_\_\_