

Christ Lutheran Church

Junior High Permission Slip

6th-8th Grades

ABOUT THE YOUTH:

First Name _____ Middle _____ Last _____
Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____
e-mail address _____ School _____
Birth date _____ Current Grade _____ Worship Service you attend: [] 8:00 am [] 10:30 am

ABOUT THE FAMILY:

Mother/Guardian's Full Name _____
Home Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____
Work # _____ e-mail address _____
Father/Guardian's Full Name _____
Home Address _____ City _____ State _____ Zip _____
Home # _____ Cell # _____
Work # _____ e-mail address _____

PICTURE INFORMATION:

Through various events, we will take pictures of youth for historical, scrap booking, church publications, as well as for use on the Youth Ministry web site. Please indicate below by checking those areas that you give us permission to use your child's picture for. **Note that we never put pictures of individual youth, nor their names on the web site.

- [] Historical References [] Family Ministry Scrap Booking [] Youth Ministry Web Site (without names)
[] Church Publications (could be things like the newsletter, brochures, Vista newsletter, etc.)

MEDICAL INFORMATION:

In the rare case that your child is injured and you are unavailable, it may be necessary to have your child treated. In the case of an emergency, the policy at Christ Lutheran Church is that we will try every resource to contact you, as well as your additional emergency contact person first. However, a rare situation may arise where your child needs immediate treatment. Please complete the following information about your child and include your medical insurance. This information is confidential.

Please list any food allergies your child has _____
Please list all allergies your child has _____
Please list any medical conditions we should be aware of _____
Please list any medications your child is currently taking _____

Please check the over-the-counter medication we may give your child while on a church trip or activity:

- [] Tylenol [] Tums [] Other: _____
[] Motrin [] Anti-diarrhea medications [] Other: _____
[] Ibuprofen [] Benedryl [] Other: _____
[] Midol/Pamprin [] Allergy medication [] Other: _____

Insurance Information for the youth:

Insurance Company _____ Phone # _____
Group # _____ ID # _____

PERMISSION & SIGNATURES

I give Staff and approved Volunteers of Christ Lutheran Church permission to medically treat my child in the event of an emergency. I understand that routine first aid may be given as needed, and that in the case of a serious accident staff and volunteers may need to make medical decisions until I can arrive. I understand that all efforts will be made to contact the parents/legal guardians should such a situation arise. I do not hold Christ Lutheran Church, it's staff, nor the volunteers liable for any accidents. I further give permission for staff and approved volunteers of Christ Lutheran Church to transport my child to and from church related activities. I understand that my child may be transported in vehicles rented or borrowed by Christ Lutheran Church, or by approved volunteers in their personal vehicles. Everything on this form is accurate to the best of my knowledge. If this information changes, I recognize that it is my responsibility to notify the church office of the change, and will do so.

Parent/Guardian Printed Name _____
Signature _____ Date _____