

ST. JOHN'S LUTHERAN CHURCH
Parental Permission and Medical Treatment Consent Form

Today's Date: _____

I, _____ hereby authorize _____ to participate in St. John's Lutheran Church sponsored events. I understand there are inherent risks involved in these activities and release St. John's Lutheran Church 301 8th Ave Kasson, MN 55944 and any appointed chaperone of any liability pertaining to an injury sustained during the course of an activity. In the event of an accident, every effort will be made to contact a parent or guardian; however, if the delay of medical treatment would be detrimental to the health of the student, authorization for consultation and treatment by a physician is requested. All medical expenses incurred are the responsibility of the parent/guardian.

STUDENT Name: _____ Birth date: _____
Home address: _____
e-mail: _____

PARENT/GUARDIAN Name: _____
Phone Numbers: Home: _____
Mobile: _____
e-mail: _____

EMERGENCY CONTACT (if above parent/guardian is unavailable)

Name: _____ Phone #: _____

INSURANCE INFORMATION

Insurance Company: _____
Address: _____
Policy #: _____ Policyholder: _____

MEDICAL CONDITIONS

Medical conditions/ allergies: _____
Current Medications: _____
Date of last Tetanus Booster: _____

I understand that there is not medical insurance coverage provided by St. John's Lutheran Church and hereby release St. John's Lutheran Church and any appointed chaperone for any incidents that may occur while participating in St. John's events. I agree to the above terms and give permission to any duly licensed dentist, physician, or surgeon to perform emergency service for:

Student Name: _____

Parent Signature: _____ **Date:** _____