

Our Saviour's Lutheran Church
19001 Jackson St. NE, East Bethel, MN 55011
763-434-6117
Permission and Health Form

Our Saviour's Lutheran Church is planning an activity/event on _____ (date)
to _____ (location/activity).
Time of departure and return: _____
Place of departure and return: _____
Expenses: _____
Items to bring: _____
Event Leader: _____ Event Contact #: _____

Please do not bring radio/CD/tape players, headphones, electronic games, knives, etc.

(Please complete BOTH sides, tear off and return the bottom portion of this form)

I/my child _____ have/has permission to participate in _____ on _____ (date).
I give my son/daughter permission to attend the above event and expect myself or him/her to abide by the rules. I also understand that transportation may consist of private automobiles driven by adult volunteers. I/we understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I/we further agree not to hold Our Saviour's Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, disease or injuries incurred by me/the minor listed on this form. I or he/she is in good physical condition and has not had any serious illness or operation since my or his/her last health examination.

During the activity of the minor I may be reached at _____.

ONE STUDENT PER FORM PLEASE

Student Name: _____ Grade: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Student's Email: _____ Home Phone: _____
School District: _____ OSLC Member (Circle One): Yes No No-Please Send Me Information
Home Church, if any: _____

Parental Information

Parent/Guardian Name: _____
Address if different from child: _____
Work Phone: _____ Cell Phone: _____
Parent Email: _____
Parent/Guardian Name: _____
Address if different from child: _____
Work Phone: _____ Cell Phone: _____
Parent Email: _____

Photo Release: My child has permission to participate in program activities with Our Saviour's Lutheran Church. Any pictures of my child taken during events may be used in the Seeds of Faith Newsletter, OSLC Website, Bulletin Board, Power Point Pictures, etc.

Parent/Guardian Signature: _____ Date: _____

Bus Release: My child has permission to ride in OSLC sponsored vehicles, travel with an adult leader and/or parent, and participate in offsite activities for church related events.

Parent/Guardian Signature: _____ Date: _____

Health Information

Emergency Contact: _____ Phone: _____

Health Insurance Company: _____ Policy Number: _____

Physician's Name: _____ Phone: _____

Hospital and address: _____

Does your child have any medical conditions that may require special attention? Yes No (circle one)

Special Concerns/Needs: _____

Please list medications: _____

I give permission for Our Saviour's Lutheran Church staff/volunteers to dispense the following medication to my child at the time and dosage indicated: _____

I/We do consent to any x-ray, anesthetic, medical, surgical, dental diagnosis, or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am financially responsible for the health care decision for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Parent/Guardian Signature: _____ Date: _____