

## Ascension Lutheran Church Youth Group Permission/Medical Release/Liability Release Form

Name of Youth	Date of Birth	Grade <span style="background-color: yellow;">in fall 2018</span>	Male/Female

### PARENT/GUARDIAN CONTACT INFO

Name: \_\_\_\_\_ \*relationship to the YOUTH \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Home #: \_\_\_\_\_

Home address: \_\_\_\_\_

E-MAIL address: \_\_\_\_\_

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Name: \_\_\_\_\_ \*relationship to the YOUTH: \_\_\_\_\_

Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_ Home #: \_\_\_\_\_

Home address: \_\_\_\_\_

E-MAIL address: \_\_\_\_\_

### MEDICAL INFO

Family Physician: \_\_\_\_\_ Dr. Contact Number: \_\_\_\_\_

Does your child have any food allergies or other special needs that we should be aware of?

Name of youth: \_\_\_\_\_

Allergy or special needs and your recommendation for assistance we can offer on-site:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OVER PLEASE – there's more!**

## PERMISSIONS

My YOUTH, \_\_\_\_\_ has/have permission to attend all activities sponsored by the Ascension Lutheran HS/MS Youth Groups the summer prior to and during the school year: **2018-2019**.

### Web Site Permission:

#### Internet Photo Publishing

\_\_\_\_\_ I hereby give permission for Ascension Lutheran Church to publish my child(ren)'s photo on the website.

\_\_\_\_\_ I hereby deny permission for Ascension Lutheran Church to publish my child(ren)'s photo on its website.

#### Internet Name Publishing

\_\_\_\_\_ I hereby give permission for Ascension Lutheran Church to publish my child(ren)'s first name on its website.

\_\_\_\_\_ I hereby deny permission for Ascension Lutheran Church to publish my child(ren)'s first name on its website.

I give permission for my child(ren) to receive any emergency medical treatment needed at all events.

I will not hold Ascension Lutheran Church, any employees thereof, or affiliated volunteers financially responsible for any injuries my child may receive at any time during this activity with the Ascension Lutheran HS/MS Youth Group.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Families are important to the well-being of all youth. Can we call on you when we need an extra hand? Here are *some* of the options:

|                                                         | Who can we call? |
|---------------------------------------------------------|------------------|
| _____ Chaperone overnight at a lock-in                  | _____            |
| _____ Provide snacks or assist with food projects       | _____            |
| _____ Provide transportation to events                  | _____            |
| _____ Provide a short devotion or bible study at events | _____            |
| _____                                                   | _____            |
| _____                                                   | _____            |
| _____                                                   | _____            |