

# Youth Consent/Liability Form 2019-2020

For St. John's Lutheran Church

This form serves the purpose of enabling children and youth to go on trips, service projects, and other events which occur at St. John's, offsite or are run by St. John's staff/volunteers. Signing this form allows your son or daughter to be involved in such events throughout the year. This form allows the responsible adult at St. John's to get medical attention to your child if it is deemed necessary and/or you cannot be contacted. Please read through thoroughly before signing.

**Child/Youth Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Do you have medical insurance for your child? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Insurance company:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**List any information regarding medical conditions and/or medications that you feel would be pertinent to your child participating in activities at St. John's** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To Whom It May Concern:

As legal parent/guardian, I (we) hereby give permission for my child, \_\_\_\_\_, to attend and participate in activities sponsored by St. John's Lutheran Church, Eau Claire, Wisconsin.

I (we) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnoses or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital.

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

Should it be necessary for my (our) child to return home prematurely for medical, legal, behavior, or other reasons, the undersigned shall assume all expenses involved.

The undersigned also gives permission for my (our) child to be a passenger in any vehicle that has appropriate insurance coverage and is driven by appropriate person as designated by St. John's Lutheran Church, Eau Claire, Wisconsin.

I authorize St. John's Church to use photos of my child in publication material.

Check here if you do not consent to photo use.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_