

2019 Junior High Lock-In

Presented by:

St. Paul Lutheran
Garner, Iowa

Trinity Lutheran
Algona, Iowa

Immanuel & Zion Lutheran
Livermore & LuVerne, Iowa

Youth Participation and Emergency Medical Consent Form

Youth's Name _____ DOB _____ Grade _____

Medications: _____ Allergies: _____

Special health conditions? No Yes Explain: _____

Emergency Contact Name: _____ Phone: _____

Please attach \$20 registration fee (check or cash) to this form. Students cannot attend without a consent form and the registration fee. Checks may be made payable to 'Trinity LYF'.

Medical Consent

I authorize my son/daughter/ward to participate in the Lock-In located at Trinity Lutheran, Algona Iowa on March 16, 2018.

Also, I (Parent/Guardian) _____ understand that reasonable measures will be taken to safeguard the health and safety of my child, and that I will be notified as soon as possible in case of an emergency. In the event I cannot be reached in an emergency, I hereby authorize the calling of an ambulance and/or physician at my expense to provide whatever emergency medical treatment is necessary.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____

DATE _____

Photo Release

I grant permission to Trinity Lutheran Church in Algona, Iowa, the right to take photographs of my child in connection with the Lock-In. I agree that Trinity Lutheran Church may use such photographs with or without my child's name for any lawful purpose, including for example such purposes as publicity, advertising, and Web content.

PARENT/LEGAL GUARDIAN'S SIGNATURE _____

DATE _____