

# PARENT CONSENT FORM FOR CHILD/YOUTH MINISTRIES

Sunday School, JAM, Jr. High Youth Group, Sr. High Youth Group, Children Choirs/Bells,  
Youth Praise Band, VBS, Sunday School Christmas Program, Confirmation

St. Paul Evangelical Lutheran Church, Sheldon, Iowa

August 2018 – July 2019

I, the parent or legal guardian of

\_\_\_\_\_, born \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_;  
(child's name) (mm/dd/yyyy) (school) (grade)  
\_\_\_\_\_, born \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_;  
(child's name) (mm/dd/yyyy) (school) (grade)  
\_\_\_\_\_, born \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_;  
(child's name) (mm/dd/yyyy) (school) (grade)  
\_\_\_\_\_, born \_\_\_\_\_, \_\_\_\_\_ / \_\_\_\_\_;  
(child's name) (mm/dd/yyyy) (school) (grade)

do hereby give my permission for the above child to participate in all ministries and events sponsored by St. Paul Evangelical Lutheran Church, Sheldon, IA. Should emergency medical treatment be necessary, I authorize the adult sponsors, teachers, leaders, or church staff to act on my behalf and approve appropriate medical treatment for the above child. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-Ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any licensed physician, licensed dentist, or the medical staff of a licensed hospital, whether such diagnosis 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 costs and expenses incurred in connection with such medical and dental services rendered to the above mentioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons, misbehavior, or any other reason, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending or participating in activities sponsored by St. Paul Evangelical Lutheran Church.

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent E-Mail: \_\_\_\_\_ Other E-Mail: \_\_\_\_\_

Phone Numbers Where \_\_\_\_\_ - \_\_\_\_\_ can be reached:  
(contact name) (relationship)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Carrier (text): \_\_\_\_\_

Phone Numbers Where \_\_\_\_\_ - \_\_\_\_\_ can be reached:  
(contact name) (relationship)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Carrier (text): \_\_\_\_\_

Emergency Contact: Who can church leaders contact if you are unreachable at the above numbers?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Doctor/Clinic Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*\*Please attach copy of insurance card.

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(continued on reverse side)

Special Concerns (e.g. - food allergies):

Special Concerns (e.g. - food allergies):

Medical Concerns (allergies, etc.) church leaders need to know:

Behavioral or personal concerns church leaders need to be aware of:

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

IMAGE RELEASE: I hereby give St. Paul Evangelical Lutheran Church the right and permission to use and/or publish, in print or via electronic media (including St. Paul Evangelical Lutheran Church's internet web site) any photographic, audio, and video materials of my child while participating in St. Paul Evangelical Lutheran Church sponsored events. I waive any right to inspect or approve the photographic, audio, and video materials or to receive any compensation for the use of my child's voice or image on said materials.

I have read the above waiver/release and expecting no compensation:

I approve St. Paul Evangelical Lutheran Church using church activity photos and audio/video media with my child in it for display purposes and/or in printed church publications.

Yes  No

I approve St. Paul Evangelical Lutheran Church using photos and audio/video media with my child in it in order to display church activities on the church's internet web site and social media.

Yes  No

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**Youth Contact Info**

Please only fill in the information for where you'd like to be contacted (and actually check messages!)

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Carrier, if you'd like to get text announcements (AT&T, Verizon, etc.): \_\_\_\_\_

Facebook: \_\_\_\_\_ (name or URL)

Other Social Media (ID and Site): \_\_\_\_\_

Best way to contact you (circle one): Home Phone/Cell Phone/Text/Email/Facebook/Other: \_\_\_\_\_

Best way to contact parent (circle one): Home Phone/Cell Phone/Text/Email/Facebook/Other: \_\_\_\_\_