

PARENTAL PERMISSION FORM

I give my
child/children _____
Permission to
attend _____

on _____

By signing below, I and my child/children agree to follow all instructions given to me by those in authority, realizing any insubordination or continuing discipline problems could result in being sent home.

The undersigned parent gives Epiphany Lutheran Church & School consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician/surgeon, whither such diagnosis or treatment is rendered at the office or said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable.

If applicable; if traveling (I)(We) grant permission for our son/daughter to travel in a personal automobile to any youth function. In case of emergency, (I) (We) authorize Epiphany Lutheran Church and School leaders/counselors to secure the services of the nearest physician and/or medical facilities, pending other arrangements by parent/guardians.

(I) (We) release Epiphany Lutheran Church and School, its leaders, counselors and employees, jointly and singularly, from any and all liability for any injury that my son/daughter may receive while participating in any youth event.

Parent/Guardian
Signature _____

Date

Child's Signature

MEDICAL CONSENT AND LIABILITY AND ACTIVITY RELEASE
FORM - EPIPHANY LUTHERAN CHURCH

CHILD(REN'S)	
NAME _____	
Home Address _____	
Home Phone _____	Cell _____
Work Phone _____	Phone _____
Birth Date _____ M/F /S# _____	

Insurance Information

Health Plan

Carrier _____

Name of Insured _____

Relationship _____

S/S# _____

ID Number _____ Group Number _____

Allergies _____

Known Medical Conditions _____

Date of last tetanus booster _____

Special medication/pertinent information

Family Physical _____ Physician's # _____

Family Dentist _____ Dentist Phone # _____

Make copy of medical card

Emergency Contact Person(s) & Relationship & Phone Number(S)

PARENT/GUARDIAN SIGNATURE _____

If applicable:	
Notarize: This _____ day of _____.	
Notary Name _____	
My Commission Expires: _____	Seal: _____