



# STUDENT MINISTRY PERMISSION FORM FRIEND OF SOLLC YOUTH

*(This permission slip is necessary for friends of SOLLC youth as it requests medical information on the back of this form, which is already on file for SOLLC youth)*

EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_

<i>Office Use Only</i>	
PAID?	
<input type="checkbox"/> Yes →	<input type="checkbox"/> Cash
	<input type="checkbox"/> Check
<input type="checkbox"/> No	

I want my son or daughter to participate in Shepherd of the Lake Lutheran Church sponsored activities and events and I give my unqualified permission and consent for my son or daughter to participate in the above named event subject only to any specific limitations noted:

The event activities will include:

**Socializing, low impact activities under adult supervision and occasionally consuming food and/or beverages.**

I, on behalf of my son or daughter, and individually, hereby indemnify, release, hold harmless, covenant not to sue and forever discharge to the fullest extent permitted by law the Church and its related or connectional organizations, its agents, employees, officers, directors, affiliates, successors, assigns and all others of and from any and all claims, demands, expenses, personal injury, wrongful death, causes of action, lawsuits, damages and liabilities of every kind and nature, whether known or unknown, in law or equity, that I or my son or daughter ever had or may have, arising from or in any way related to my child's participation in any activities conducted by, on the premises of, or for the benefit of the Church and the above named event.

\_\_\_\_\_  
Signature of Parent/Guardian Date

\_\_\_\_\_  
Home Phone# Cell Phone#

Name & Phone of another adult if parent/guardian cannot be reached in case of an emergency:

\_\_\_\_\_  
Name Phone# Relationship

*More on back*

## TRANSPORTATION & MEDICAL RELEASE AND INFORMATION

The undersigned gives the following minor person permission to be transported by *SPECIFY* as part of his/her participation in the *NAME OF EVENT* by whatever means of transportation Shepherd of the Lake Lutheran Church or *NAME OF EVENT* deems appropriate.

As a parent/guardian, I hereby authorize and direct treatment by a qualified and licensed medical doctor or dentist for my son or daughter named above in the event of a medical or dental emergency which, in the opinion of the attending physician or dentist, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me.

My son or daughter is subject to the following allergies or medical conditions, and I authorize the adult activities sponsor or group leader representing the Church to disclose such allergies or medical conditions to a licensed medical doctor in the event my child should require emergency medical or dental care (please describe allergies or medical conditions) :

\_\_\_\_\_

### PRIMARY PHYSICIAN

Dr. \_\_\_\_\_ Phone # \_\_\_\_\_

### PRIMARY DENTIST

Dr. \_\_\_\_\_ Phone# \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Approved Medical Treatment \_\_\_\_\_

Unapproved Medical Treatment \_\_\_\_\_

This release form is completed and signed of my own free will with the purpose of disclosing medical information and authorizing transportation and medical treatment under emergency circumstances in my absence.

Signed \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

### Insurance Information (Information is needed for each event)

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_