



YEAR _____

**St. Stephen Lutheran Church
Parental Consent & Medical Authorization Form**

General Information : Grade this Fall _____

Child's Name _____ Date of Birth _____

Student's Cell _____ E-mail _____

Parent's Name _____

Address _____

Phone Numbers (Home) _____ (Work) _____

(Cell) _____ E-mail _____

Emergency Contact Information:

1. Name/Relationship _____ Phone _____

2. Name/Relationship _____ Phone _____

Consent & Certification:

I, the undersigned parent or legal guardian of the child named above, do hereby give consent for my child to participate in organized youth activities associated with St. Stephen Lutheran Church.

I give permission for my child's picture to be used in church publications and on the St. Stephen Lutheran Church Website.

I **DO NOT** authorize the use of my child's picture: _____

Medical Information:

List any allergies, including food allergies: _____

I hereby authorize the administration of the following medication(s) to my child:

Medication: _____

Dosage: _____ Time: _____

Special Instructions: _____

List any physical conditions that may restrict your child's activities: _____



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Release & Waiver

I am the parent or legal guardian of _____, who wishes to participate in activities sponsored by St. Stephen Lutheran Church. I believe that my child is in good health and that there is no health or medical reason why my child cannot or should not participate in ordinary physical activity. I understand that it is my responsibility to have my child examined and cleared for participation in sporting activities, and I agree that St. Stephen has no duty to ascertain my child's health or physical limitations or conditions.

I also understand that all activities involve some risk of injury, and I agree to assume the risk of injury to my child or to me resulting from my child's participation in activities offered by or associated with St. Stephen. In exchange for St. Stephen allowing my child to participate in its activities, I hereby waive and release all claims that my child or I may have arising out of my child's participation in all activities associated with St. Stephen. This waiver and release extends not only to St. Stephen but also to its pastors, staff, employees, volunteer and members of the congregation, as well as to owners or occupiers of land upon which these activities may take place.

I agree to notify St. Stephen Lutheran Church any changes in my child's medical condition that might affect my child's ability to participate in normal child and youth activities. I also agree that St. Stephen Lutheran Church may bar my child from participating in any activities that they do not feel are appropriate for my child in view of his/her physical capabilities and/or medical condition.

Parent or Guardian _____ Date _____



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Medical Treatment Authorization Form

I understand that reasonable attempts will be made to notify me in case of medical emergency involving my child, _____ . However, if I cannot be reached, I hereby authorize St. Stephen Lutheran Church or any person acting on its behalf to obtain and consent to medical or dental care and treatment for my child, including without limitation any and all examinations, consultations, X-rays, laboratory tests, drugs (including the administration thereof), anesthesia, blood products, invasive or non-invasive procedures, and/or surgery.

My child is insured under a Health Insurance Policy issued by:

Group No: _____

Member ID No: _____

Pediatrician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

I agree that neither St. Stephen Lutheran Church nor any person acting on its behalf will be responsible for medical expenses incurred, and I agree that any such expense will be my responsibility as my child's parent or guardian.

Parent or Guardian _____ Date _____