PARENT CONSENT FORM FOR CHILD/CHILDREN - YOUTH MINISTRIES

PLEASE CIRCLE WHICH PROGRAMS YOUR CHILD OR CHILDREN ARE PARTICIPATING IN:

Sunday School (including Christmas Program), JAM, Jr. High Youth Group,

Sr. High Youth Group, Children Choirs/Bells, Confirmation

St. Paul Evangelical Lutheran Church, Sheldon, Iowa

August 2026 - July 2027

I, the parent or legal guardian of

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

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

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

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

do hereby give my permission for the above child or children 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 volunteers, leaders, or church staff to act on my behalf and approve appropriate medical treatment for the above child or children. We (I) authorize an adult, in whose care the minor or minors 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 or minors 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 agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-mentioned child or children pursuant to this authorization.

Should it be necessary for our (my) child or children 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 or children to ride in any vehicle designated by the adult in whose care the minor or minors 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 _____ (contact name) - _____ (relationship) can be reached:

Home: _____ Work: _____ Cell: _____ Carrier (text): _____

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

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 a copy of an insurance card.

Dentist Name: _____ Phone: _____

(continued on back of page)

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 website) any photographic, audio, and video materials of my child or children 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 or children'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 or children 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 or children in it in order to display church activities on the church's internet website and social media.

☐ Yes ☐ No

_____ _____
Signature of Parent/Legal Guardian Date

Consent and Release

Please initial the statement below to acknowledge your acceptance of the following permission.

___ I give permission for my child or children to ride in a vehicle to the activity driven by the adult in whose care the minor or minors has been entrusted while attending or participating in activities sponsored by St. Paul Evangelical Lutheran Church.

I also understand that I have the ability to refuse to sign this form. In addition, if I refuse to sign, my child or children will not be permitted to participate in the activity.

I also understand that this field trip may expose my child or children to some risks, and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses for any injuries that might occur to my child or children by reason of his/her participation. By signing this form; however, I hereby release St. Paul Evangelical Lutheran Church, its Church Council members, administrators, directors, officers, teachers, employees, and volunteers ("release parties") from and against any and all claims, demands, actions, complaints, suits, or other forms of liability that any of them may sustain: (a) arising out of any danger or injury caused by my child or children; or, (b) arising out of a parent/guardian/or other designated driver's operation of a motor vehicle in relation to this activity. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments. I confirm that I have carefully read this CONSENT AND RELEASE and agree to its terms knowingly and voluntarily. I also confirm that I am the parent or legal guardian of the child or children, or I am a student 18 years or older. I have signed this CONSENT AND RELEASE this _____ day of _____, _____. This consent and release has been read and is understood by me.

_____ _____
STUDENT'S SIGNATURE (if 18 years or older) Date

_____ _____
SIGNATURE OF STUDENT'S PARENT OR LEGAL GUARDIAN Date
(if student is less than 18 years)