

MOUNT OLIVE LUTHERAN CHURCH - ACTIVITY PERMISSION FORM

NAME OF

CHILD: _____ GRADE: _____ AGE: _____

ADDRESS: _____

PHONE: _____ CELLPHONE: _____

Member of Mt Olive Friend/Relative of Mt Olive Member Members Name: _____

ACTIVITY(S): _____

DATE(S): _____

Where Parents or Guardian can be reached during activity:

PHONE: _____ CELLPHONE: _____

Name of Person to be reached in case of emergency and parent(s) can not be reached.

NAME: _____ PHONE: _____ CELLPHONE: _____

ATTENTION: Please list all medications and medical concerns (ex: asthma, allergies, etc.) If medication is to be taken list name of medication and administration instructions:

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

HOSPITAL INSURANCE CO. _____

POLICY # _____ PHONE _____

MEDICAL & DENTAL CARE

I understand that I have a duty to provide primary accident and medical insurance for my child and I declare that primary accident and medical insurance cover my child. I assume all responsibility and liability for injury to my child. I release and forever discharge The Lutheran Church - Missouri Synod, Mount Olive Lutheran Church, and their agents and servants, counselors, successors and assigns, directors, trustees, officers, employees and other representatives from any and all damages and causes of action either at law or in equity which I may have as a result of my child's participation in, attendance at, and travel to and from this youth activity. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless the Youth Committee, The Lutheran Church - Missouri Synod and Mount Olive Lutheran Church, their agents and servants, counselors, successors and assigns, directors, trustees, officers, employees and their representatives against loss from any and all present or future claims, demands or actions in law or in equity that may hereby be made or brought by my child, during the activity and following activities, or travel to and from the same. Finally, I give the adult in whose care the minor has been entrusted authority to act on my behalf in the event I am not able to be reached by phone number below and my child requires any medical attention.

OVER

I authorize the adults in whose care my minor child has been entrusted to seek medical help for my child in case of an emergency. I also agree to allow my child to ride in a vehicle designated by the adults in whose care my minor child has been entrusted while attending this trip sponsored by the Mount Olive Lutheran Church.

Signed:

Date: _____

(Parent / Guardian)

Signed:

Date: _____

(Youth)

I _____ **, parent or guardian of**
_____ **give my permission for my child to**
attend the above listed Mount Olive youth activity(s).