

Parental Permission Release

I understand my child has been invited to participate in the following event sponsored by Bethlehem Lutheran Church:

Event:

Event Date:

Student's Name _____

Best Email to be Reached _____

Allergies, Medical Concerns or Other Needs: _____

Insurance Company _____ Policy Number _____

I give permission for my son or daughter to actively participate in this event. I will not hold the employees of Bethlehem or volunteer adults responsible for any injuries that I know my son or daughter has the potential of receiving while participating in this event. If medical care is required for my son or daughter, I grant permission for a licensed medical professional to perform what is necessary for his or her health, and I expect to be contacted at the earliest opportunity.

If a child/youth chooses to drink, smoke, engage in illegal and/or inappropriate activities or uses drugs, he/she will be sent home at the expense his/her parent(s).

Check here if you **DO NOT** give permission for photos to be taken and posted on our church website or other promotional materials.

Guardian's Signature _____ Date _____

Guardian's Name(s) _____

Phone #s _____

(Where you can be reached during the event.)