Dear Parents and Guardians:

In keeping with Peace Lutheran Church Protecting Our Children and Youth Child Safety Policy, it is necessary for us to have a signed Consent Form and Medical Information Form on file for each youth in grade 6 or older: This enables us to give older children and teen-agers greater independence than our policy permits younger children. Of course, we will still use discretion in planning youth activities and do everything in our power to keep your child safe and healthy. Please read the following carefully, sign and date. Then turn this sheet over and fill out the Medical Information Form completely.

PEACE LUTHERAN CHURCH - YOUTH MINISTRY

September 2025 – September 2026

CONSENT FOR ON-SITE ACTIVITIES

I, the undersigned parent/guardian of _____, a minor, consent to his/her participation in activities at Peace Lutheran Church. This includes regularly scheduled Youth Ministry activities, such as Sunday School, Bible studies, music rehearsals and Confirmation classes, as well as non-scheduled activities, meetings, projects, and events. I recognize that on occasion the youth might be alone with a staff member or adult volunteer, or in a group of youth under the supervision of one staff member or adult volunteer, and fully accept any attendant risks. I further agree to hold Peace, its employees, and representatives blameless from any liability that might relate to the transportation of my child to or from Peace by myself or some other driver, or from my child choosing to walk or bike to or from Peace.

CONSENT FOR OFF-SITE ACTIVITIES

I authorize my child's participation in off-site activities as part of regular Youth Ministry programming at Peace Lutheran Church. This includes permission for him/her to be transported to and from off-site activities in the company of other youth in a vehicle driven by an adult employee or volunteer. With the understanding that Peace' staff and volunteers will do everything in their power to keep my child safe from harm, I recognize that off-site activities might represent the risk of accidental injury or death to the participant, and agree to hold Peace, its employees, and representatives blameless from all liability pursuant to situations beyond their control that do not result from negligence. In the case of emergency, if I cannot be contacted, I hereby give permission to the physician selected by Peace Lutheran Church to hospitalize, secure treatment for and order injection, anesthesia, or surgery for my child. Finally, I agree to hold Peace Lutheran, its employees, and representatives blameless from any and all liability resulting from inappropriate conduct by the participant.

CONSENT FOR PHOTO PUBLICATIONS

Finally, I understand that unless I provide separate written notice, photos taken of my child at Peace Lutheran Church or at off-site church activities may be used for church-approved publications, including the church website. I further understand that Peace Lutheran Church will NOT publish my child's name in conjunction with photos in any Peace Lutheran publication without obtaining my written authorization in advance.

Signature of Parent/Guardian: _____ Date: _____

Peace Lutheran Church Medical Information Form

Please Print:

Name: _____ Age: _____ Date of Birth: _____ Grade: _____

Address: _____

Street City State Zip

Parent or Guardian 1 Name:

_____

Best phone number: _____

Parent or Guardian 2 Name:

_____

Best phone number: _____

If student divides time between households

Parent or Guardian Name: _____

Best phone number: _____

Address: _____

Street City State Zip

Additional Emergency Contact

Name: _____ Relation to student: _____ Phone Number: _____

Health Care Provider

Name: _____

Location: _____

Phone Number: _____

Insurance Policy

Company: _____

Holder Name: _____

Insurance ID: _____

Please indicate below any medical needs the staff and volunteers should be aware of:

Food, drug, or other allergies: _____

Illnesses or activity restrictions: _____

Current medications (names and dosages): _____

I consent to any e-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical or hospital care or treatment. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Parent or Guardian Signature: _____ Date: _____

PEACE Lutheran Church

Turn over →