

PARENT CONSENT FORM FOR CHILD/YOUTH MINISTRIES

Sunday School · Jesus Company · Confirmation Class · Faith Lutheran Youth (FLY)

FAITH LUTHERAN CHURCH, BLOOMINGTON, IN August, 2011– July, 2012

(Print child's name) _____ (Date of Birth) _____ Date of Baptism _____

Church (if not member of Faith) _____ (school/grade level): _____/_____

I, the parent or legal guardian of the above child, give my consent for her/him to participate in any ministries or events sponsored by **Faith Lutheran Church, Bloomington, IN**. I release from any liability **Faith Lutheran Church** and all adult sponsors and church staff members in the event of any accident en route to, during, or returning from Faith sponsored events. Should emergency medical treatment be necessary, I authorize the adult sponsors or church staff to act on my behalf and approve appropriate medical treatment for the above child.

PRINT Name of Parent/Guardian	SIGNATURE of Parent/Guardian	Date
Address	City	ZIP
Email (Print carefully)	Other Email	

PHONE NUMBERS WHERE _____ Relationship _____ CAN BE REACHED:

(____) _____ (____) _____ (____) _____ (____) _____

HOME WORK CELL OTHER

PHONE NUMBERS WHERE _____ Relationship _____ CAN BE REACHED:

(____) _____ (____) _____ (____) _____ (____) _____

HOME WORK CELL OTHER

EMERGENCY CONTACT: Who can church leaders contact if you are unreachable at the above numbers?

Name: _____ Relationship _____ Phone/s: _____

Doctor/Clinic Name: _____ Phone: (____) _____

IMAGE RELEASE: I hereby give **Faith Lutheran Church** the right and permission to use and/or publish, in print or via electronic media (including **Faith Lutheran Church's** website) any photographic, audio, and video materials of me while participating in Faith 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 voice or image on said materials.

We will use first names only occasionally, and we will never use last names.

	Internet		At church	
Child (age 8+)/Youth Signature: _____	Yes	No	Yes	No
Parent/Guardian Signature: _____				

Special concerns on reverse...

SPECIAL CONCERNS

Medical concerns (allergies, etc) church leaders need to know:

Behavioral or personal concerns church leaders need to be aware of:

Please share discreetly with his/her instructors/small group leaders the following information regarding my child's learning difficulties:
