

ALL SAINTS LUTHERAN CHURCH
ACTIVITIES PARENT CONSENT AND RELEASE FORM

ACTIVITY _____

COORDINATOR _____

DESTINATION _____

DATE OF TRIP _____ DEPARTURE TIME _____

RETURN TIME _____

COST OF ACTIVITY _____ (If necessary, makes checks payable to All Saints Lutheran Church)

For this activity, your child will need:

(Parent or Guardian: Complete and return this portion to church with payment, if any).

ACTIVITY _____

NAME OF PARTICIPANT _____

FRIEND'S NAME (IF APPLICABLE) _____

Release: The undersigned releases All Saints Lutheran and its agents, employees, and representatives from and against any claim, except a claim of negligence or intentional misconduct by the Church and its agents, employees, and representatives which the undersigned may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the above named participant's participation in said activity.

PARENT SIGNATURE _____

DATE _____ PHONE NO. _____

_____ I WOULD LIKE TO CHAPERONE THIS ACTIVITY.

PLEASE COMPLETE THE OTHER SIDE

(Parent or Guardian: Complete and return this portion to church.)

Emergency Treatment: If emergency medical procedures or treatment are required during this activity, I consent to the trip chaperone(s) taking, arranging for, or consenting to transportation to a medical facility. Permission is also granted to the trip chaperone(s) to provide first aid to the named participant in the event of illness or injury. I have provided, in writing, any medical, activity, or dietary restrictions, and have listed any health concerns of my child.

Is there a health concern we should be aware of (i.e., allergies, medications, other? Please be specific if your child needs medications administered during the time of activity.)

ALLERGIES

TO _____

MEDICATIONS

TAKING _____

EMERGENCY CONTACT PERSON DURING

EVENT: _____

PHONE NO. _____