

Peace Lutheran Church

701 W. 3rd St.
Connersville, IN 47331
765-825-7692

Email: peacelutheran64@gmail.com

EMERGENCY MEDICAL CONSENT AND LIABILITY RELEASE FORM

Please PRINT legibly.

I, _____ as parent or legal guardian of
(Parent/Guardian Name) (Circle One)

(Minor Child's Name)

Hereby authorize the pastor or recognized youth chaperone(s) of Peace Lutheran Church to authorize emergency medical services for the youth named herein in the event of an accident or injury, understanding that I will also be contacted promptly if such a situation arises.

Emergency treatment expenses will be covered by:

(Insurance Company/Health Care Provider)

(Group/Plan Number, Policy Number, and/or Member Number)

(Name of the Employer that Carries the Insurance or Name of Self-Insured)

Please list medical conditions, allergies, prescribed medications, and special needs:

Understanding that Peace Lutheran Church and its chaperones/volunteer drivers will take reasonable care, it is hereby understood that my signature below also releases them from any and all liability in the event of an accident, injury, theft, etc. involving this youth.

I also understand that any behavior unbecoming of a Christian is grounds for the restriction or return of the youth from youth activities. The parent or guardian may be requested to provide for the return of the youth to his/her home.

This release and consent form will remain in force for the dates **July 8-10, 2024**, or until amended or revoked in writing by the parent or guardian, whichever comes first.

Parent/Guardian Signature: _____
(Signature) (Date)

Youth Signature: _____
(Signature) (Date)

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DAY CAMP REGISTRATION Monday – Wednesday, July 8-10, 2024

Please PRINT legibly.

Student Name: _____ Entering Grade: _____

Age: _____ Birthdate: _____ Home Church: _____
(If Applicable)

Contact Info:

Parent/Guardian Name(s): _____

(Home Street Address) (City) (State) (Zip)

(Home Phone Number) (Cell Phone Number)

(E-mail Address)

Parent/Guardian Work: _____
(Work Phone Number)

(Company Name) (Street Address) (City) (State) (Zip)

Alternate Emergency Contact:

Name: _____ Relationship: _____

(Street Address) (City) (State) (Zip)

(Home Phone Number) (Cell Phone Number)

Photos and video may be taken of the participants and activities during day camp. Please indicate your approval (check one option below), allowing your child to appear in photos/video during this event, and for those photos to appear in printed event newsletters (distributed daily to participants) and for photos/video to be shared on the Peace Lutheran Church website and Facebook page.

- I give permission for my child to appear in photos/video during this event.
- I DO NOT give permission for my child to appear in photos/video during this event.

(Please continue on other side)