

PERMISSION - RELEASE FORM
St. John's Lutheran Church
Des Moines, Iowa

Name: _____

Phone: _____

Address: _____

City: _____

School: _____

Grade & Year: _____

I give permission for my above - named child to join any approved outing sponsored by the Music, Youth and /or Education programs of St. John's Lutheran Church, 600 – 6th Avenue, Des Moines, Iowa, 50309, Phone 515/243-7691. I hereby release St. John's Lutheran Church, its staff and sponsors, from any responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by an EMTA, Registered Nurse, physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of Natural Parent or Legal Guardian _____

Date _____ Mother's Work No.# _____ Father's Work No.# _____

Medical Information

Allergies _____

Medical being taken and amount _____

Any other medical problems and/or conditions we should be aware of _____

Medical Insurance Company _____

Policy / Group No. _____ Member's Names _____