

Authorization to Obtain Urgent or Emergency Medical Care

As the parent/guardian of _____, I give permission to St. Peter Lutheran Church, its staff and volunteers to obtain emergency medical care for my child, and I authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care.

Parent/Guardian's Signature & Date _____

Permission to Travel in Vehicle

I give permission for my child to travel in a vehicle operated by an adult staff or volunteer of St. Peter Lutheran Church. I understand that never will one adult and only one child ever ride together.

Parent/Guardian's Signature & Date _____

Waiver of Liability

I give permission for _____ to participate in the activities of St. Peter Lutheran Church, both on the church premises and elsewhere. In consideration of the opportunity of my child to participate in the activities of St. Peter Lutheran Church, I release St. Peter Lutheran Church, its staff and volunteers from liability of loss or injury to my child arising from my child's participation in the activities on or off the premises of St. Peter Lutheran Church, or resulting from traveling to or from the activities of St. Peter Lutheran Church. I understand and agree that this permission and agreement shall remain in effect until revoked in writing by me, and I understand and agree that it is my responsibility to update my child's medical and health information as changes occur.

Parent/Guardian's Signature & Date _____

Photo Permission

I understand that my child may be photographed while participating in the activities of St. Peter Lutheran Church. I (do) / (do not) give permission for a recognizable image of my child to be posted in publications (For example: Facebook, Website, Instagram, ENews, Worship Videos etc.) of St. Peter Lutheran Church. I also understand that a non-recognizable image, such as a group picture, may be posted.

Parent/Guardian's Signature & Date _____

Social Media Release

I give permission for youth ministry leaders to communicate with my son/daughter using texting, Facebook, email, zoom (or other similar online meeting formats) and other social media. I understand that I may request access to the social media sites, texting and any other electronic communication at any time.

Parent/Guardian's Signature & Date _____