

## Annual Permission Form for Minors

\_\_\_\_\_ (minor's full name) has my permission to attend any church activity, except out of town overnights, at Jordan Evangelical Lutheran Church, Orefield, PA, valid July 1, 20\_\_\_\_, through June 30, 20\_\_\_\_. *Out of town overnight events require a different individual permission form.*

Please list all contact info and circle preferred method(s) or ALL forms of communication. **Please print legibly.**

Household Name		Home Phone	
Father's Name		Father's Cell Phone	
Mother's Name		Mother's Cell Phone	
If Applicable, Step Parent		Minor's Cell Phone	
Street Address		Father's Work Phone	
City, State, Zip		Mother's Work Phone	
Household Email Address		Date of Birth	
Minor's Email Address		Gender	
School Name		Grade	
Authorized Pick Up			

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**In an emergency, please contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

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**Insurance Information**

**A copy of both sides of your medical insurance card** is required for participation. If your insurance information changes, it is your responsibility to submit a new copy of your medical insurance card. If there is no medical insurance, state 'None'.

Insured's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Member #: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Plan: \_\_\_\_\_

**Christian Conduct**

Just as Jesus did, I will treat other people and myself with respect and love. I will not, for any reason, hit or abuse anyone verbally or physically.

**Safety & Health**

I will not use any kind of illegal drugs, tobacco, alcohol, weapons, knives, firearms, laser pointers, or fireworks, as they are strictly prohibited.

**Electronic Devices**

All electronic devices will be permitted for emergency use only and free time. If I or my child brings any electronic device, I release Jordan Evangelical Lutheran Church, Orefield, PA from any or all responsibility or damage of said electronic devices.

**Photos of Event**

- I give permission to Jordan Evangelical Lutheran Church to display on the Jordan Evangelical Lutheran Church website or church facility, print in minor's (youth or children's) flyer, church newsletter, or a church CD/DVD any photo taken of myself or my child at a church event.
- I give permission to the news media (usually local newspapers) to take photographs or film of an event at the church or church related event. I also give consent for the use of my or my child's first name in connection with print or electronic media.
- No, with these exceptions.
- No, I do not give permission for Jordan Evangelical Lutheran Church to use any photographs or video of my child in connection with print or electronic media.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Minor's Signature*

**Medication and Allergy Information**

Condition(s): \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication Names ( <i>Print Legibly</i> )	Dosage	Frequency	Directions/Reaction	Reason for Medication

**Medical Information**

I recognize that there may or may not be risks involved in participating in any activity. I hereby assume all risk of injury, harm, damage, or death to my minor child, \_\_\_\_\_, (*Minor's Full Name*) in connection with his/her participation in an activity at or through Jordan Evangelical Lutheran Church.

To the fullest extent permitted by law, I release Jordan Evangelical Lutheran Church, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to my minor child while participating in the activity and agree to save and hold harmless Jordan Evangelical Lutheran Church, its trustees, officers, directors, employees, agents, representatives from any claims arising out of my minor child's participation in an activity.

Further, being the parent or legal guardian of my minor child, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for my minor child. I understand that efforts will be made to contact me prior to treatment but, in the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. As parent or legal guardian, I understand that I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to my minor child.

The taking of prescription medication is the responsibility of the individual taking the medication and/or that individual's parent or guardian. A leader, after obtaining all the necessary information, may agree to accept responsibility to be sure a minor takes the necessary medication at the appropriate time, but Jordan Evangelical Lutheran Church does not mandate or encourage a leader to do so.

I also understand that it is the responsibility of the minor's parent or guardian to notify Jordan Evangelical Lutheran Church of any changes in medication and/or medical conditions throughout the year.

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*Signature of Parent/Guardian*

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*Date*

**Participation**

Does participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, destructive behavior? If yes, explain: