



Parent/Guardian 1 _____

Relationship to child(ren) _____

E-mail _____

Home/Mailing Address _____ City _____ Zip _____

Home Phone # () _____ Mobile # () _____

Place of Employment _____ Work # () _____ ext. _____

Parent/Guardian 2 _____

Relationship to child(ren) _____

E-mail _____

Home/Mailing Address _____ City _____ Zip _____

Home Phone # () _____ Mobile # () _____

Place of Employment _____ Work # () ext. _____

Children

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in school _____

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in school _____

First Name _____ Last Name _____ Gender: M F

Birthdate _____ Grade in school _____

Any special needs? Please list below _____

Child Emergency/Permission Form

Date _____

The data supplied on this form will be used in the event of an illness or emergency of your child. This data will constitute a private record and will not be released to other parties.

Family's Doctor/Clinic _____ Doctor/Clinic Phone # _____

Special health-related conditions (diet, physical restrictions, medications, allergies, existing longterm or continuous illnesses, etc.)

Prior hospitalization or injuries

Persons who are AUTHORIZED to pick up your child(ren) from Confirmation or Youth Group and assume emergency responsibility if a parent/guardian cannot be reached. (List at least 2 and please make these people aware that you have listed them): Do not list parent/guardians

1) Name _____ 2)Name _____

Relationship _____ Relationship _____

Phone _____ Phone _____

Mobile Phone _____ Mobile Phone _____

List any specific persons who are NOT AUTHORIZED to take your child by court order. You must provide staff with a copy of the court order.

1) Name _____ 2)Name _____

Relationship _____ Relationship _____

Publicity Release

I, the undersigned parent/guardian, grant Faith Lutheran Church my permission to use photographs/video of the aforementioned child(ren) for public relations and/or informational publications for the church ONLY. This may include, but is not limited to, submissions to the church newsletter, website, Facebook page, and local newspaper.

If you DO NOT give permission, please check box

In the event of a serious accident, illness, or if unable to contact me, I hereby authorize Faith Lutheran staff to make whatever arrangements they deem necessary.

Parent/Guardian Signature _____ Date _____

If any information provided on this form changes during the school year, please contact the church office to update necessary information—Thank You