



3rd-5th Grade Permission Form

Participating in: Cascade Tubing

Student Information: *(please print neatly)*

First Name _____ Middle _____ Last _____

Student's Main Address: _____

Student's City/State/Zip: _____

Student's Birthdate: ____ / ____ / ____ Sex: ___ Male ___ Female

Grade: __ 3rd __ 4th __ 5th School: _____

Important Information about Student: (Health, Physical, Learning, Emotional, Family Arrangements, Prescription Needs, **MEDICINE, FOOD or OTHER ALLERGIES** or Other Concerns/Limitations) _____

_____ – add a page if needed

EMERGENCY CONTACT (OTHER THAN PARENT):

Name: _____ Phone #: _____ Relationship: _____

PERMISSION TO PROVIDE MEDICAL ATTENTION:

If for some reason, I am not reachable during a church related event or travel to and from such event, and my child requires medical attention, I hereby authorize a representative of St. John's Lutheran Church to consent to and authorize the administration and performance of all testing and treatments that may be considered advisable or necessary in the judgment of emergency personnel and attending physicians. I further indemnify and hold harmless St. John's Lutheran Church, its staff, and volunteer adult leaders and chaperones from any and all liability, claims, damage, injury, or illness sustained by my child related to such an event. (Provide a copy of health insurance card.)

Parent/Guardian Signature: _____

PERMISSION FOR TRANSPORTATION:

Please sign below to give permission for your child to ride with in a vehicle driven by an adult leader or volunteer. **All riders are required to wear a seatbelt.**

Parent/Guardian Signature: _____

PHOTO RELEASE *(check one)*

- I give my permission for still or video photographs of my child to be taken by St. John's Lutheran Church for internal documentation and for use on the church's website, Facebook page, and other published materials.
- I would **not** like my child photographed.

Parent/Guardian Signature: _____

Parent/Guardian Contact Information:

Mother's Name: _____ Mother's Cell Phone: _____ Receive texts? ___ Yes ___ No

Father's Name: _____ Father's Cell Phone: _____ Receive texts? ___ Yes ___ No