

**St. James “Youth Acclaiming Christ”  
Parental Consent/Permission Form**

**Time Frame: May 2018 – May 30<sup>th</sup>, 2019**

I, the undersigned, hereby give permission for my child \_\_\_\_\_, to attend and participate in activities sponsored by St. James Youth Acclaiming Christ during the above stated time frame.

I, the undersigned also give my permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. James Youth Acclaiming Christ. Vehicles may include personal or rented vehicles, vans, and/or buses.

I, the undersigned authorize the adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. I also understand I have a duty to provide primary accident and medical insurance for my child.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

---

I, the undersigned, release and forever discharge St. James Lutheran Church, Shawano, Wisconsin, the St. James Adult Youth Acclaiming Christ Committee, The Lutheran Church-Missouri Synod, trustees, officers, employees, and any other representatives, agents, and successors from any and all damages and causes of action either at law or in equity which I may have as a result of my child’s participation in, attendance at, and travel to and from St. James Youth Acclaiming Christ activities. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless St. James Lutheran Church, Shawano, Wisconsin, the St. James Adult Youth Acclaiming Christ Committee, the Lutheran Church Missouri Synod, their agents and servants, counselors, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present and future claims, demands or actions in law or in equity that may hereby be made or brought by me or my child, by anyone on behalf of my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience or loss sustained by my child during St. James Youth Acclaiming Christ activities, or travel to and from the same.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Contact # \_\_\_\_\_

Complete Medical Information on Back

**EMERGENCY ADMISSION INFORMATION...**

**May 2018-May 2019 Form**

These are questions that will be asked of your child in the event that there is a need to take him/her to the Emergency Room at a local hospital should the need arise.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent(s) Work Phone: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_ Sex: \_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Office #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office #: \_\_\_\_\_

**INSURANCE COMPANY INFORMATION.....**

Name of Health Plan Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Policy Holder/Insurance ID#: \_\_\_\_\_

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of the participant? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

**CUSTODIAL PARENTAL/GUARDIAN INFORMATION....**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Second Parent or Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone#: \_\_\_\_\_

**SPECIAL INFORMATION.....**

Please list any allergies, special medical problems, and/or special limitations that your child may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_