

Peace Lutheran Church — Confirmation Consent Form

2011-2012 Confirmation Year

As part of the Confirmation program at Peace, your child can participate in a variety of on-site and off-site activities. These activities can include, service projects, retreats, social outings etc. Please complete the following transportation and medical release form that will cover the events for the complete Confirmation year. If a specific outing requires a specific release (e.g. the Dakota lock-in), a release will be provided prior to the outing.

Student Name (*please print*) _____ **Date of Birth** _____

Date of Last Tetanus Shot _____ **Known Allergies** _____

Current Medications or Health Condition _____

Parent Name(s) _____

Address (*incl. city & zip*) _____

Home Phone: _____

Parent cell phone _____ **Student cell phone** _____

Parent email _____ **Student email** _____

Transportation Consent

I hereby authorize and give permission for my child to attend events supervised and implemented by Agents of Peace Lutheran Church (staff, authorized volunteers). I give permission for my child to be transported to and from these events by Agents of Peace Lutheran Church as authorized drivers of the church van and/or private vehicles.

Medical Consent

I/we, the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend Peace Lutheran Church Confirmation Events. If he/she is injured while attending the event and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refused to administer without my/our consent, I/we hereby authorize the Peace Representative/lead adult of the group, to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed above, or because of an emergency, there is not time or opportunity to make the phone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier.

Parent/Guardian Signature _____

Parent/Guardian Signature _____