

## Annual Permission Form for Minors

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

**Please print legibly. If we can't read it, we may not be able to contact you!**

Parent One			
Full Name		Cell Phone	
Street Address		Alternate Phone	
City, State, Zip		Alternate Phone	
Preferred Email			
Parent Two			
Full Name		Cell Phone	
Street Address		Alternate Phone	
City, State, Zip		Alternate Phone	
Preferred Email			
Minor			
Full Name		Preferred Name	
Street Address		Cell Phone	
City, State, Zip		Date of Birth	
Minor's Email Address		Gender	
School Name		Grade	
Authorized Pick Up			

**In an emergency, please contact:**

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

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

**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, check 'None'.

Primary Insured's Name: \_\_\_\_\_

None

**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, unless otherwise stated. If I or my child brings any electronic device, I release United Fellowship Lutheran Church, Easton, PA from all responsibility or damage of said electronic devices.

**Photos of Event (check all that apply)**

I give permission to United Fellowship Lutheran Church to display on the United Fellowship 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 to United Fellowship Lutheran Church to use any photographs or video of my child in connection with print or electronic media.

**Protection of Minors Policy and Procedures**

I have received a copy of the UFLC Protection of Minors Policy and Procedures and understand and agree with its contents.

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

\_\_\_\_\_  
*Minor’s Signature*

\_\_\_\_\_  
*Date*

**Medication and Allergy Information**

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

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

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

My child self-carries (check all that apply):  inhaler  epi-pen  glucagon kit.

**Medical Information**

I recognize that there may 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 my child's participation in an activity at or through United Fellowship Lutheran Church.

To the fullest extent permitted by law, I release United Fellowship 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 United Fellowship 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 the attached 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 United Fellowship 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 United Fellowship 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, sensory issues? If yes, explain:

**ANNUAL PERMISSION FORM FOR MINORS – ADDENDUM**

I, \_\_\_\_\_, have reviewed the current United Fellowship Lutheran Church “on file” version of the Annual Permission Form for Minors for my child, \_\_\_\_\_  
Having confirmed that all the information is still correct, I give permission for its use to be extended through the end of the next school year, by my signature below. If any information changes before that time, I understand it is my responsibility to provide the updated information to the Christian Education Chairperson by filling out a new form in its entirety.

<u>School Year</u>	<u>Grade Level</u>	<u>Signature of Parent or Guardian</u>	<u>Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____