



Title: Peace Lutheran Children/Youth Ministry Contact Guidelines		Document No. PLC-P0008R01
Administrator: Congregational President	Responsible Ministry Team: Ministry Board	Page 8 of 14

**General Transportation/Medical Release Authorization
Peace Lutheran Church of Watertown**

This form must be completed by a parent or guardian, prior to child/youth participation in the event/activity identified below.

First and last name of participant: _____
 Age/Grade: _____
 Home address: _____
 Name of Parent/Guardian: _____
 Home phone number: _____
 Cell phone number: _____

Specific risks of this event/activity known to the leadership include:

Special Instructions:
 Does your child have any behavior, medical or allergy situations that we should know about? (Y/N) _____
 If so, please explain: _____

Family Physician/Clinic: _____

Consent:

My child has my permission to attend the following event sponsored by Peace Lutheran Church of Watertown:

I understand my child will be transported to and from the event by a licensed adult driver. I authorize the staff or medical professionals, of the event, to administer emergency medical assistance. Peace Lutheran staff will do all they can to reach the parent or guardian listed above if an emergency occurs. I release Peace Lutheran Church of Watertown, its staff and any representatives from any responsibility in the event of an accident or injury that may occur while being transported to/from the event or while participating in this event.

Furthermore, in the unlikely event of an emergency, I give my permission for my child to be treated by an accredited physician in an approved emergency clinic/hospital. I therefore designate adult chaperones for the event/activity with the authority to act on my behalf and order appropriate treatment. I also authorize the use of any emergency transportation as is needed.

The information provided on this form is correct and up to date. I have notified the youth leader(s) of any medical information or conditions.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____