

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Grade

## Our Redeemer's Lutheran Church

### 2015- 2016 Activities Permission Slip

**We will have only 1 permission slip for the entire year.**

I hereby give my permission for my son/daughter to participate in activities associated with Our Redeemer's Lutheran Church. These activities may include travel outside of Helena in authorized vehicles driven by members of the church, paid church staff, or other volunteers. (Volunteer drivers who are 16 and older may transport others only within Helena city limits. All volunteer drivers who transport others outside of city limits must be 18 years old or older.)

I grant permission for the recommended dosage of non-prescription medications:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)             | <input type="checkbox"/> Cough Drops                | <input type="checkbox"/> Antacid tablets       |
| <input type="checkbox"/> Antihistamine (Sudafed or Benadryl) |   | <input type="checkbox"/> Pepto-Bismol          |
| <input type="checkbox"/> Anti-diarrhea tablets               | <input type="checkbox"/> Ibuprofen (Advil)          | <input type="checkbox"/> Non-drowsy flu relief |
| <input type="checkbox"/> Decongestant                        | <input type="checkbox"/> Motion sickness medication |  |

These medications may be administered to my child if he/she is 12 years or older. Routine, non-surgical medical care to be given to my child, if deemed advisable.

I also submit the medical information below and give my permission to church representatives to seek and/or provide medical attention for my youth. ***I understand that it is my responsibility to turn in a new form if any of the following information changes.***

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

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

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

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

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

Emergency Contact (Name and Number): \_\_\_\_\_

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

Doctor Phone Number: \_\_\_\_\_

**\*\*\*\*Please complete both sides\*\*\*\***



Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Known Allergies or Asthma: \_\_\_\_\_

Known Medical  
Conditions: \_\_\_\_\_

Other: \_\_\_\_\_

### **Permission to Transport**

I give permission for my child to participate in field trips, retreats, camps and any other off-site activities that are sponsored by Our Redeemer's Lutheran Church and which are offered as part of Youth Group activities or other ministries.

On occasions when I cannot provide transportation myself, I give consent for my child to be driven to and from these activities by an Our Redeemer's staff person or adult volunteer.

\_\_\_\_\_ *(Please initial here)*

### **Permission to Take and Publish Photographs**

I give my permission for volunteers and staff to photograph my child and to use these photographs for bulletin boards, brochures, the Our Redeemer's website, church directory or newsletters.

\_\_\_\_\_ *(Please initial here)*

### **Permission to Be with Youth One-on-One**

I understand that there may be occasions when my child is one-on-one with a screened adult volunteer or staff member.

\_\_\_\_\_ *(Please initial here)*

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, intending to be legally bound hereby, the undersigned agrees and does hereby release from liability and to indemnify and hold harmless Our Redeemer's Lutheran Church, and any of its employees or volunteers. This release is for any and all liability for personal injuries (including death) and property losses or damage occasioned by, or in connection with any church activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please double check that you have completed this form to the best of your knowledge.*