



St. John's Lutheran Church
Evangelical Lutheran Church in America
 God's work. Our hands.
 318 E Garfield Ave • Marion, WI 54950

Student Name: _____
 First **Middle** **Last**

Age: _____ **Birthdate** _____ / _____ / _____ Male Female Other **Grade in School** _____

Address: _____
 Street **City** **State** **Zip**

Email: _____ **Phone:** (_____) _____

Best Way to Contact Me: Text Email Messenger Phone Call Other: _____

Parent/Guardian Name(s): _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Address: _____
 Street **City** **State** **Zip**

Email: _____ **Phone:** _____

Best Way to Contact Me: Text Email Messenger Phone Call Other: _____

Parent/Guardian Name(s): _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Address: _____
 Street **City** **State** **Zip**

Email: _____ **Phone:** _____

Best Way to Contact Me: Text Email Messenger Phone Call Other: _____

Emergency Contact Name: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Address: _____
 Street **City** **State** **Zip**

Email: _____ **Phone:** _____

- Does your child have allergies to: food insect bites medications pollens
Please explain: _____
- Does your child suffer from, or has ever experienced, or is being treated currently for:
 asthma diabetes epilepsy/seizure disorder heart trouble physical handicap
- List medications currently being used: _____

Consent Form
 Good for all events and programs of
St. John's Lutheran Church, Marion, Wis.
 For Youth
From September 2021-September 2022

 (Student's Name PRINTED)

has my permission to attend youth activities sponsored by St. John's Lutheran Church, Marion, Wis. (the "Church") during the dates set forth above. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability related to any injury to said child. I have legal custody of the child named above, a minor, and have given my consent for him/her/they to attend events organized by the Church. I understand that there are inherent risks involved in any ministry, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she/they is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also agree to bring my child home at my own expense should he/she/they become ill or if deemed necessary by a Church staff member.

YES NO

I give permission to include my child in any videos and/or photographs taken during the course of my child's involvement.

YES NO

 Parent/Guardian PRINTED Name

 Parent/Guardian Signature

 Date Signed