

INCARNATION LUTHERAN CHURCH EVENT PERMISSION SLIP FOR MINOR

Event Name: _____ Date of Event: _____

Students
Last Name _____ First Name _____ Middle Name _____
Grade _____ Sex _____ Age _____ Home Phone (____) _____
Home Address _____ City _____ Zip _____

Allergies/Health Concerns _____

Please list any medications the event participant is currently using:

Parents/
Guardian _____ Home Phone (____) _____ Cell Phone (____) _____
Emergency Name _____ Phone (____) _____
Physician/Clinic _____ Address _____ Phone (____) _____
Health Insurance Carrier _____ Group # _____ Member # _____

Incarnation Lutheran Church (ILC) wishes to provide all youth with loving, fun and safe environments in which to explore their faith. It has always been this church's policy that no youth may bring any illegal drugs, alcohol, tobacco, weapons or other inappropriate materials on youth events. It has also been our policy that should any youth be found with such items in their possession while on a youth event, they would be subject to immediate disciplinary action, which may include being sent home at the parents/guardians expense.

In order to effectively carry out these policies, if there is reasonable suspicion that a youth has in his/her possession illegal drugs, alcohol, tobacco, weapons or other inappropriate materials, the staff and/or leaders of ILC will take appropriate measures to enforce the above stated policies, which may include searching luggage and/or other personal items. This will be done in the presence of one other adult and the youth, and will only be carried out if there is reasonable suspicion that such items are present.

I, the legal parent/guardian, do hereby give permission for the staff and/or leaders of Incarnation Lutheran Church to carry out the actions outlined above. I understand that this policy is in place to ensure a healthy environment for all youth and that this will only be carried out if deemed absolutely necessary.

My child has permission to attend and be transported to and from the above-named event. In case of an emergency, I understand every effort will be made to contact parents/guardian or the emergency name listed above. In the event none of the above can be reached, I hereby give permission to the physician selected by the staff and/or leaders of Incarnation Lutheran Church to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above. I hereby release ILC and its trip organizers, officers, directors, agents, employees and affiliated organizations from and against any and all liability arising out of, or in any way connected with, my child's participation in this ILC event, including any liability for negligence (but not reckless, willful, or fraudulent misconduct).

By checking this box, I hereby give permission that my child, while attending this Incarnation Lutheran Church event, may be photographed or video taped and my child's image and voice may be used at a later date to promote future events. Any questions, please contact the staff person in charge of the event.

Parent/Guardian Signature _____

Date _____