Messiah Student Ministries (815) 741-4488 Parental consent form: Page 1 of 2



Effective dates: May 1, 2024 to May.31, 2025

Please print in black or blue ink

Name:					
Last	FIRST MIDDLE		nale	Year in school Fall 2024	
Email					
Address					
City	State		Zip		
Phone()		Cell ()			
Medical insurance cor	npany			Policy #	
Mother's name		_ Phone Home	∋ ()_	Work ()	
Father's name		_ Phone Home	ə ()_	Work ()	
Emergency contact _	(01 1 5 1)			Phone ()	
Physician	(Other than Parents)		Offic	ce phone()	
Dentist			Offic	cephone()	

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a-

good swimmer fair swimmer non-swimmer

- 2. Does your child have allergies to
 - pollens medications food insect bites
 - If yes please explain
 - Does child have an Epipen and know how to use it?

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma epilepsy / seizure disorder heart trouble diabetes
- frequently upset stomach physical / mental handicap
- If yes please explain
- 4. Date of last tetanus shot if known:__
- 5. Does your child wear glasses contact lenses
- 6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco No students can drive without prior approval of youth Staff No fighting, weapons, fireworks, lighters, or explosives No offensive or immodest clothing No boys in girls' sleeping quarters and no girls in boys' sleeping quarters Participation with the group is expected Respect property Respect one another, staff, and adult leaders Respect and comply with event schedules No personal stereos/CD/MP3/DVD/Tape players are to be brought on any trip w/o prior approval Yes Game systems are allowed but will be locked up in vehicles when we get to our destination. Cell Phones are discouraged on trips but will be allowed and locked up as stated above.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: Date:

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, scavenger hunts, rollerblading, cooking, football, skateboarding, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, fishing, paintball, miniature golf, havrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

has my permission to attend all youth activities and travel in the U.S. NAME OF STUDENT sponsored by: Messiah Lutheran Church Student Ministries (hereinafter the "Church") from: May 1, 2024 to: May 31, 2025

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and release him/her into the guardianship of Brian Phips while in his custody. I/We have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we 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/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministry's staff. I/We agree that any photographs or videotape taken at or during these events are the property of the Church and may be used in future publications as deemed appropriate. It is the responsibility of the undersigned to update this information as often as necessary!

Parent/guardian signature: Date: