

PARENT/GUARDIAN CONSENT FORM, INCLUDING MEDICAL, DENTAL, OR HOSPITAL CARE

Child's Name (Last)	(First)	(Middle)		
Address	City	State	ZIP Code	
Child's Email and Cell Phone (Accepts text messages? Y/N)				
Name of Church	Address	City	State	ZIP Code
Immanuel Lutheran Church	520 US Hwy 41 E	Negaunee	MI	49866
Dates of Attendance September 2021 through August 2022 (Confirmation and Youth Activities Onsite and Offsite)				

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above. **I also give my permission for the church to use photos of my child** for church and website publication (**unless** I've initialed here: _____).

Furthermore, should a need for immediate medical attention arise, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Release of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. As a result, Federal, State, and local governments and agencies recommend social distancing and have, in many locations, prohibited or limited the congregation of groups of people. We are doing everything we can to be compliant with all regulations and ensure your safety. We have put in place preventative measures to reduce the spread of COVID-19, but we cannot guarantee that you or family members will not become infected with COVID-19.

By participating in programs, services, and activities of Immanuel Lutheran Church of Negaunee, Michigan, you agree to the following:

(Continued on back)

On behalf of yourself and your child(ren), you hereby release, covenant not to sue, discharge, and hold harmless Immanuel Lutheran Church, its employees, congregation council, committees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services or activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this organization, its employees, congregational council, committees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any church hosted or programmed event.

Print Name		
Signature		Date
Home Telephone	Cell (Accepts text messages? Y/N)	Email

ADDITIONAL INFORMATION:

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