

2014 Kimball Lutheran Church Student Information and Release

STUDENT _____
Last Name, First Name

Grade _____

GENERAL INFO

Last Name	First Name	Age	Grade	Birthday
Street Address	City, State	Zip	Child Cell if Applicable	
Parent Guardian	Relationship	Email	Cell Phone	Work Phone

Health Information

Allergies	Medical Needs
Any Behavioral Needs	Medicines (Attach if needed)
Any Activity Restrictions	Eyewear
Swimming Skills (good, fair, none)	Last Tetanus Shot

Emergency Information

Emergency Contacts	Cell Phone Numbers	Relationship
Medical Insurance Carrier	Policy Number if Available	Policy Holder

ADDITIONAL INFO

Preferred Name: _____ **Pet (s)** _____

Sibling's _____

Special Interest or Hobbies _____

Any other info that we need to know about you/your child?

2014 Kimball Memorial Lutheran Church Permission Form and Medical Release

STUDENT _____
Last Name, First Name

Grade _____

ACTIVITIES PERMISSION STATEMENT

I, the undersigned parent/legal guardian of _____, do hereby give permission to him/her to attend all activities sponsored by Kimball Memorial Lutheran Church for 2014-2015 School Year. Activities may include, but are not limited to: cookouts, boating, biking, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golf and hayrides. Parents will be notified of all activities through mail, email, newsletters, phone, bulletin board postings, and/or flyers.

PARENT/GUARDIAN PRINT

PARENT/GUARDIAN SIGN

DATE

MEDICAL AND LIABILITY RELEASE

I, the undersigned parent/legal guardian of _____, a minor, have given consent for him/her to attend events organized by Kimball Memorial Lutheran Church. I understand there are inherent risks involved in any activity or event and I hereby release the Church, its youth minister, pastor, 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 he/she is injured and requires medical attention, I consent to any reasonable medical treatment deemed necessary by a licensed medical professional. In the event treatment is required from a physician and/or medical personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the performance of such treatment. I also acknowledge that I will be ultimately responsible for the cost of any care should the cost of that care not be reimbursed by a health insurance provider. I affirm that the Health and Emergency Information provided below is accurate as of the signed date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the youth minister, pastor, employee, agent, or volunteer worker.

PARENT/GUARDIAN PRINT

PARENT/GUARDIAN SIGN

DATE

This consent form gives permission to seek necessary medical attention and releases the Church, its staff and agents from any liability against personal losses of named child. If there is a change in medical condition, insurance coverage or permission during 2014-2015, please renew this form or submit written notification to be attached.

PHOTOS

We try and make sure we are taking photos to share our story with our congregation. Photos and/or videos from events may be posted on our Picasa Photos site, Kimball Lutheran's Website, KMLC Facebook pages and other publications of the church. Youth will not be identified by name in any of these online photos and there will be no compensation for any images that are used.

If you do NOT wish for your child's photo/video or other likeness related Kimball Lutheran Church to be posted online please sign below.

Signature _____ Date _____