



\*\*\*\*\***EMERGENCY INFORMATION**\*\*\*\*\*

Health concerns/allergies to be aware of: \_\_\_\_\_

In an emergency, contact: *(Use the bottom of this form to provide more contact/medical information.)*

Name	Address	Phone	Relationship
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\*\*\*\*\***PERSONAL LIABILITY RELEASE**\*\*\*\*\*

"I hereby agree to release Living Lord Lutheran Church, its staff, both volunteer and paid, from liability for any injury to above named person at any time while attending Living Lord Lutheran Church's 2011 Faith Quest Sunday school program."

Signature of parent or guardian	Date
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\*\*\*\*\***MEDICAL RELEASE**\*\*\*\*\*

"I do voluntarily authorize Living Lord Lutheran Church's staff and/or volunteers to administer and/or obtain routine or emergency medical treatment for the above-named person as deemed necessary in medical judgment."

"I hereby authorize any physician member of the Department of Emergency Medicine of an accredited hospital or any member of the medical staff of an accredited hospital to render medical treatment, which in his/her judgment is deemed necessary in the care of the above named person (child or student) while attending Vacation Bible School at Living Lord Lutheran Church."

Signature of parent or guardian	Date
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\*\*\*\*\***PHOTOGRAPH RELEASE**\*\*\*\*\*

"I permit Living Lord Lutheran Church to use video footage and photographs of my child for publicity that might include but is not limited to: website, promotional videos, flyers or news publications."

Signature of parent or guardian	Date
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OFFICE USE ONLY -- Registration Fee Paid \_\_\_\_\_