

Our Saviors Lutheran Church Consent & Information

Student Name: _____ DOB: _____

Current Grade in School: _____ STUDENT CELL: _____ T-shirt size: _____

Outing Participation

My child, _____ has my permission to participate in all activities of OSLC and can be transported by a designated vehicle or private car/van when necessary. I understand all events will be supervised by an adult. I further agree to direct my child to conform to the fullest with the direction and instructions of the sponsors in charge.

Medical Care permit

I hereby authorize first aid treatment as needed in the event of illness or injury during any sponsored activity of OSLC. This permit is in effect until I give OSLC written notice to the contrary.

Emergency Contact Information

	Name(s)	Address	Cell Phone	E-mail
Parents				
Emergency Contact #1				x
Emergency Contact #2				x

Surgery/serious illness in last 3 years? ____Y ____N

If yes, please explain _____

Required to take medication ____Y ____N

Allergies to medications/food _____

Photo/Facebook Live Stream Agreement

(Please check one statement below.)

____ I authorize OSLC to post pictures of or live stream my minor on FaceBook/YouTube/OSLC church website.

____ I DO NOT authorize OSLC to post pictures of or live stream my minor on FaceBook/YouTube/OSLC church website

Parent/Guardian Signature

Date