Our Saviors Lutheran Church Consent & Information

Student Name:		D(OB:	
Current Grade in School:		T-shirt size:		
		Outing Participation		
can be transpevents will be	oorted by a designated e supervised by an adu	nas my permission to par vehicle or private car/va lt. I further agree to direc of the sponsors in charge	n when necessa ct my child to co	ry. I understand all
		Medical Care Permit		
		nt as needed in the event mit is in effect until I give		
		ergency Contact Informa		
Donombo	Name(s)	Address	Cell Phone	E-mail
Parents				
Emergency				
Contact #1 Emergency				
Contact #2				
Surgery/serio	ous illness in last 3 year	rs? Y N		
If yes, please	explain			
Required to t	cake medication	/ N		
Allergies to n	nedications/food			
		oto / Live Stream Agreem e check one statement be		
I author OSLC church	•	es of or live stream my m	ninor on FaceBo	ook / YouTube /
	T authorize OSLC to po SLC church website	ost pictures of or live stre	am my minor o	n FaceBook /
Parent/Guardian Signature			Date	