

Our Savior's Lutheran Church

Consent & Information

Student Name: _____

DOB: _____

Current Grade in School: _____

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 that 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.

Medical Contact Information

	Name(s)	Address	Cell/Phone Number
Parents			
Nearest Relative			
Neighbor/Friend			

Surgery/serious illness in last 3 years? _____

If yes, please explain _____

Required to take medication _____

Allergies to medications/food _____

Photo/Facebook Live Stream Agreement

_____ I authorize OSLC to post pictures/live stream on facebook – of my minor on the church website.

_____ I DO NOT authorize OSLC to post pictures/live stream on facebook – of my minor on the church website.

Parent/Guardian Signature

Date