

Mount Olive Parental Consent Form

Please attach a copy of both sides of your insurance card, and complete the following information, using the reverse side for allergies or other special medical information, as well as our photo release form.

Name _____ Age _____ Birthdate _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

School & District _____ Grade (or completed) _____

Parent(s) Cell Phones _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child,

_____, to participate in activities sponsored by Mount Olive Evangelical Lutheran Church, Mukwonago, WI **through September 15, 2020.**

We (I) authorize an adult, acting on behalf of Mount Olive, in whose care the above named child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to them in or under the general or special supervision and on the advice of any licensed physician or dentist, at the office of said physician or dentist or at a licensed hospital or other facility.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Mount Olive Evangelical Lutheran Church, Mukwonago, WI.

Health Insurance: Yes ___ No ___

Insurance Company:

Policy Number:

Emergency Phone Number:

Please use reverse side for allergies and health conditions, as well as photo release. Remember to attach a copy of insurance card.

<i>Please read the above and sign:</i>	<i>Date signed:</i>
Participant:	
Mother:	
Father:	
Legal Guardian:	

Please use this space to list allergies or other conditions.

Photo Release Information

I hereby give Mount Olive Ev. Lutheran Church and its agents the unqualified right to take pictures of my above-referenced child(ren),

_____ (subject's name or name of minor child(ren)), and put the finished pictures on the Mount Olive website, social media pages, or printed materials. I understand that these pictures will be accessible to anyone with Internet access and may be used in promotional settings; however, no names of subjects will be published.

Name(s) Printed:

Subject Signature:

Parent's signature if minor child(ren):
