Messiah Student Ministries (815) 741-4488 Parental consent form: Page 1 of 2



Effective dates: May 1, 2023 to May.31, 2024

## Please print in black or blue ink

Name: Last First Middle			<del></del>
		_Female	Year in school Fall 2023
Email			
Address		-	
City	State	Zip	
Phone()	Cell (_	)	
Medical insurance company			Policy #
Mother's name	Phone H	Home ()_	Work ()
Father's name	Phone I	Home ()_	Work ()
Emergency contact(Other than I	Parents)		Phone ()
Physician		Offic	ce phone()
Dentist		Offic	ce phone()
illness, propensity, weakness, limit and of which the staff should be aw thereof. Submit this notification in woodsages that must be taken.  Check the following areas of cords.  The state of the staff should be aw thereof. Submit this notification in woods ages that must be taken.  Check the following areas of cords.  The staff should be aw t	ation, handicap, vare, and what, it writing and attack neern for this standed with the stan	disability, or of any action or it to this form  udent. If neceur student a— nmer  bites  to use it? nced, or is be eart trouble stal handicap	essary, add another page with details:
<ul><li>4. Date of last tetanus shot if know</li><li>5. Does your child wear glasse</li><li>6. Please list and explain any maj</li></ul>	n:s contact lense	 es	ced during the last year:
Additional comments			

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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## For your information, we expect each student to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco

No students can drive without prior approval of youth Staff

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

No personal entertainment devices are to be brought on any trip w/o prior approval If they are allowed but will be locked up in vehicles when we get to our destination.

## Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to

participate in activities. I agree to abide by the stated personal limitations and code of conduct.			
Student signature:	Date:		
scavenger hunts, rollerblading, cooking, football, skating, volleyball, softball, baseball, camping, do Bible studies, fishing, paintball, miniature golf, ha	kouts, boating, water skiing, swimming, basketball, skateboarding, games in the park, soccer, broomball, ice bwhill skiing, snowboarding, hiking, biking, concerts, yrides. Note: If you desire to limit your child's shes in writing to the church youth pastor prior to that		
has my pern	mission to attend all youth activities and travel in the U.S.		
sponsored by: Messiah Lutheran Church Studen	t Ministries (hereinafter the "Church")		
from: May 1, 2023 to: May 31, 2024			

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and release him/her into the quardianship of Brian Phips while in his custody. I/We have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministry's staff. I/We agree that any photographs or videotape taken at or during these events are the property of the Church and may be used in future publications as deemed appropriate. It is the responsibility of the undersigned to update this information as often as necessary!

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Last revised: 3/1/2023