



**St. John's Lutheran Church & School
Parent/Guardian of a Minor
Consent, Hold Harmless, & Consent to Treat Form**

Name of Activity: St. John's Children and Family Ministry Activities & Events

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Age: _____ Gender: _____

Address: _____
(House Number/Street) (City & State) (Zip Code)

Phone Number: _____ Alternate: _____

I, _____ (printed name of parent/guardian) being the parent or legal guardian of have been informed of the above activity sponsored by St. John's Lutheran Church & School and hereby give my consent for my minor child to participate in this activity. I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold St. John's Lutheran Church & School, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities:

I further understand the possibility of exposure to COVID and accept the risk that my child may become ill and/or may bring the virus home which may result in illness to others exposed.

Being the parent or legal guardian, I do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. Further, as a parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for dental, medical, or hospital care or treatment that is given to my child.

Health Insurance Company Name: _____

Policy Number: _____

Phone Number: _____

Known allergies or other medical conditions or concerns: _____

Medications Taken: _____

Parent/Guardian Signature: _____

Date: _____