PARENT/GUARDIAN CONSENT FORM

Lutheran Church of Mahomet 410 E. Andover Dr. / Mahomet, IL 61853

On Saturday October 29 through Sunday October 30, young people in 6th Grade and older are invited to our Annual Halloween Lock-In. Minors will be locked in the church building all night, under adult supervision. The adults present will inform the kids about safety and rules in order to minimize risk of injury during various activities and leisure time, but injury is still possible. By signing this document, you acknowledge the possibility of accident and injury, acknowledge foreknowledge of the activity planned, and release the Lutheran Church of Mahomet from legal liability.

Child's Name:			2014	
	Last	First	Middle	
Date of Birth:/	/			
Address:				
Parent/Guardian Name:				
,	Last	First	Middle	
Telephone:				
•	Cell	Γ	Paytime	
As the parent or legal guar	-		-	
consent for my child to atte	end and participat	te in all activities describ	ped above.	
Printed Name of Parent/	Guardian:			
,				
Signature of Parent/Guardian:			Date:	
			/ /	

STUDENT RELEASE OF LIKENESS FORM

Lutheran Church of Mahomet 410 E. Andover Dr. / Mahomet, IL 61853

Lutheran Church of Mahomet is making concerted efforts to highlight the impact young people in our community, and we do this through local newspapers, Facebook and Twitter presences, website, and printed publications. These publications include likenesses, images, etc., to be distributed to the general public and will not bear names, addresses, phone numbers, email addresses, or any other sensitive information. If you do not wish your child's picture to be used for any church use, **please do not sign this form.**

addresses, or any other sensitive information. If you do not wish yo for any church use, please do not sign this form.	ur child's picture to be used			
As the parent or legal guardian of my child,				
Printed Name of Parent/Guardian:				
Signature of Parent/Guardian:	Date:			
	//			

PARENT/GUARDIAN CONSENT TO MEDICAL, DENTAL, OR HOSPITAL CARE

Lutheran Church of Mahomet 410 E. Andover Dr. / Mahomet, IL 61853

Child's Name:			
	Last	First	Middle
Date of Birth: _	/		
Address:			
_			
Parent/Guardia			
•	Last	First	Middle
Telephone:			
_	Cell		Daytime
by a physician ar also extends to a and hospital care agree to pay all care agree to pay all care as parent or legation child and am aut and agreement to child is legally su	nd surgeon licensed under ny ex-ray examination, a e by a dentist licensed un harges for the dental, me al guardian of my child, I chorized to consent to the	er the Medical Practice A nesthetic, dental, or surg der the Dental Practice A edical, or hospital care or am responsible for the h e services to be rendered, cal or hospital care or tre	nealth care decisions of my . I represent that my consent to eatment to be rendered to my
Printed Name (or Parent/Guardian:		
Signature of Pa	rent/Guardian:		Date:

Secondary Emergency Contact

Name:	Relation:	
Address:		
Phone#:		
Phone#:		
	Specialty Doctor Contact	
(þ	lease fill out this portion of the form if your child has special medical needs to be addressed by a particular doctor)	
Doctor Name: Office/Org. Name Phone#: Phone#: Office Address:	e:	
Our preferred hos	spital is:	
Carle Fo	oundation Hospital	
Presence	e Covenant Medical Center	
Other: _		
School Attending		
Known Allergies/	Medical Conditions:	