

# 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: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Last First Middle

Telephone: \_\_\_\_\_  
Cell Daytime

As the parent or legal guardian of my child, \_\_\_\_\_, I hereby consent for my child to attend and participate in all activities described above.

Printed Name of Parent/Guardian:

\_\_\_\_\_  
Signature of Parent/Guardian: Date:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

# STUDENT RELEASE OF LIKENESS FORM

Lutheran Church of Mahomet  
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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.**

As the parent or legal guardian of my child, \_\_\_\_\_, I hereby give permission to share her/his likeness on the church's website, printed publications, Facebook, Twitter, and in local newspaper publications.

Printed Name of Parent/Guardian:

\_\_\_\_\_

Signature of Parent/Guardian:

Date:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_



Secondary Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Phone#: \_\_\_\_\_

Specialty Doctor Contact

*(please 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our preferred hospital is:

Carle Foundation Hospital

Presence Covenant Medical Center

Other: \_\_\_\_\_

School Attending: \_\_\_\_\_

Known Allergies/Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_