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
	(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. Nar Phone#: Phone#: Office Address:	ne:
Our preferred h	ospital is:
Carle l	oundation Hospital
Presen	ce Covenant Medical Center
Other:	
School Attendin	g:
Known Allergie	s/Medical Conditions:

PARENT/GUARDIAN CONSENT FORM

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

Throughout the Confirmation programming year, we will be participating in various special activities. The adults present will inform the kids about safety and rules in order to minimize risk of injury, but injury is still possible. By signing this document, you acknowledge the possibility of accident and injury, acknowledge foreknowledge of the activities planned, and release the Lutheran Church of Mahomet from liability. Please initial beside each activity to signify your foreknowledge and release from liability.

Corn Maze: The students will meet at Lutheran Church of Mahomet before carpooling to e corn maze in Rantoul, where we will have dinner, go on a hay ride, watch a canon fire, plore the corn maze, and drive on the go-cart track. After their time at the corn maze, the idents will return via carpool to the church.					
Confirmation Olympiad: Students will compete in team kinds of games.	_ Confirmation Olympiad: Students will compete in teams in different minute-to-win-it s of games.				
LDS Visit: The students will meet at Lutheran Church of Mahomet before carpooling to the LDS Church in Champaign. After their time at the church, the students will return via arpool to the church.					
Labyrinth: The students will paint a labyrinth on a large	e tarp.				
Service Projects: In small groups, the students will first oproject of their choice.	design and then execute a service				
Temple Visit: The students will meet at Lutheran Church to the Sinai Temple in Champaign. After their time at the temp carpool to the church.	1 0				
As the parent or legal guardian of my child, consent for my child to attend and participate in all activities d	, I hereby escribed below.				
Printed Name of Parent/Guardian:					
Signature of Parent/Guardian:	 Date:				
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	/ /				

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 for any church use, please do not sign this form.	wish your child's picture to be used
As the parent or legal guardian of my child, give permission for the Lutheran Church of Mahomet to sh website, printed publications, Facebook, Twitter, and in local	are her/his likeness on the church's
Printed Name of Parent/Guardian:	
Signature of Parent/Guardian:	Date:
	/

STUDENT CONTACT INFORMATION

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

We like to communicate with our students as well as parents about upcoming events, due dates, in case of an emergency, etc. Please fill out this form so that share information with you and the students. Please note, we guard this information well and will not distribute these to anyone else. Also, know that the leaders of the Lutheran Church of Mahomet will refrain from contacting students without also including parents in the same email, text, phone call, etc.

Also, know that the leaders of the Lutheran Church of Mahomet will refrain from contacting students without also including parents in the same email, text, phone call, etc.					
As the parent or legal guardian of my child,, I hereby give permission to the Lutheran Church of Mahomet to use the following information for contacting her/him as well as myself about Confirmation-related information and inquiries					
Printed Name of Parent/Guardian:					
Signature of Parent/Guardian:	Date:				
	/				
Student's Info:					
Email:	Cell Phone:				
Parent/Guardian Info:					
Email:	Cell Phone:				
Day/Work Phone:	Home Phone:				
Mailing Address:					
Parent/Guardian Info:					
Email:	Cell Phone:				
Day/Work Phone:	Home Phone:				
Mailing Address:					