



SRU Parental Consent FORM

SRU Confirmation Field Trip: Confirmation Extravaganza -Alliant Energy Center

Date/Time: Wednesday, November 16, 2011, 5 p.m. –8:30 p.m.

Name _____ Age _____ Birth date _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

School _____ Grade in _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Our Savior's Lutheran Church on January 12, 2011.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of the licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Our Savior's Lutheran Church.

The undersigned does also hereby give permission to photograph and video tape our (my) child, and to use these photographs and videos to promote Our Savior's Youth in marketing tools such as but not limited to bulletin boards, brochures, flyers, videos, and website.

Participant Signature *Date*

Parent or Guardian Signature *Date*

Emergency Contact *Phone*

Hospital Insurance (<i>circle</i>)	Yes	No
Policy Number _____		
Insurance Company _____		