

St. John's Evangelical Lutheran Church  
55 Wilbur Blvd, Poughkeepsie, NY 12603  
Abby Triebel, Youth Director

This permission slip will serve as a permanent consent/permission form for all on and offsite events for St. John's Youth. It will be updated regularly. For any events out of Dutchess County or events that involve greater than normal risks, an additional form will be required. In the event of an emergency, the St. John's staff and volunteers will make every effort to contact the parent or guardian immediately.

My child, \_\_\_\_\_, has permission to participate in any regularly scheduled church events, as planned by St. John's Lutheran Church. I understand that this may include a variety of activities, including transportation to and from the event.

Additionally, I give my consent to the St. John's Lutheran Church Staff and Volunteers to seek all emergency dental or medical care prescribed by a licensed physician (M.D.) or dentist (D.D.S.) for my child. I assume the responsibility for my child's participation in adult supervised church programs, and will not hold St. John's Lutheran Church, nor its staff or advisors, liable for any illness or injury incurred at youth activities at which every reasonable precaution will be taken.

**Photo Release:** Usually, a camera is brought for pictures to be taken at the specific activities. Pictures are displayed on Bulletin boards, at meetings and in private e-mails. Occasionally, we use them on public websites (Facebook, the church website, etc) or for press releases. We do not use names on anything public. If you are NOT releasing photos of your child please speak to Abby Triebel.

**I understand that it is MY RESPONSIBILITY to keep the necessary church staff updated about my child's medical information, my contact information, emergency contact information, insurance information, and allergies.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Names

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Child's birthday

\_\_\_\_\_  
Full Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Emergency Contact (other than parent)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company and Address

\_\_\_\_\_  
Policy Number & Information

\_\_\_\_\_  
Drug Allergies and other Medical Conditions

\_\_\_\_\_  
Food Allergies

\_\_\_\_\_  
Regular Medications

\_\_\_\_\_  
People NOT AUTHORIZED to pick up your child:

Updated 8/27/2020, Expires 8/31/2021