SAFETY & CONSENT FORM
FOR CHILD & YOUTH PARTICIPANTS
APPLICABLE JULY 2026 THROUGH JUNE 2027
(ONE FORM PER CHILD/YOUTH)

Child/Youth Name:_____ **Date of Birth:**_____

Parent/Guardian Printed name: _____**Relationship:**_____

Phone number(s): _____

PARTICIPANT PERMISSION / MEDICAL CONSENT

As the parent/legal guardian of _____
child/youth's name

I give my permission and consent to his/ her participation in all St. Andrew Lutheran Church activities. I understand that the adult leaders will be responsible only for the normal and prudent supervision of my child. I grant permission for treatment deemed necessary for any medical or emergency condition that may arise. I understand that every effort will be made to contact me prior to treatment.

Parent/Guardian Signature: _____

Date:_____

TRANSPORTATION AND PHOTOGRAPH PERMISSION

Initial

_____ I allow my child to be transported for off-site outings (as applicable by event).

_____ I permit my child to be photographed for possible inclusion in church related publications, websites and social media sites.

Parent/Guardian Signature: _____

Date: _____