

# Registration and Medical Consent Form

## Lake Community Church Student Ministries

I, \_\_\_\_\_, authorize that my child \_\_\_\_\_  
(Parent's Name) (Student's Name)

is granted full permission to participate in the events and activities organized by the Student Ministries of Lake Community Church.

I understand that possible risks and dangers may be encountered on any given trip or event, and I the parent, trust the judgment of Lake Community Church, its pastors and staff, and volunteer leaders. In the event of an emergency or injury to my child, I grant permission to Pastor Paul Peterson or a volunteer leader to seek appropriate medical attention for the injury to my child including visits to the emergency room or a doctor, X-Ray examinations, anesthetic and/or other medical/dental needs. In the event of an emergency or injury, the church representative, staff or volunteer will first attempt to contact and consult with the parents and/or emergency contact person provided on this form, and will only continue to seek medical attention without parental consultation if the parent or emergency contact cannot be reached and if the situation is deemed necessary or extremely urgent.

Understanding the above notice, I release Lake Community Church, its pastors and staff, volunteer leaders, and any event staff/volunteers from any and all liability claims for sickness, expenses, damages, medical services and injury, even injury resulting in death.

**Event Name: Summer Service Project**

**Effective Dates: July 10<sup>th</sup> 2019 (6:30 – 8:30 PM)**

**Location: Alexandria City Park (118 City Park Road, Alexandria, MN 56308)**

### Student Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: M / F

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

Date of Birth: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

### Parent Information

Parent name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Optional alternate phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ (home/work)

Additional Parent name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Person (Parents will be contacted first, but this is another point of contact if parents are unable to be reached.)

Name: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Media Release - By signing up for this event I give Lake Community Church permission to take photos and/or videos of my child during this event to use for promotional purposes.