



Permission Slip & Health Form

Student: _____ <i>(First Name)</i> <i>(Last Name)</i>
Age: _____ Grade: _____ <i>(as of 9/2022)</i>

Parent/Guardian: _____
(First Name) *(Last Name)* Relation: _____

Parent/Guardian: _____
(First Name) *(Last Name)* Relation: _____

Main Phone: _____ (C,H,W) Alt. Phone: _____ (C,H,W)

E-Mail Address: _____

Mailing Address: _____

Insurance Company: _____

Group Number: _____ Individual Number: _____

Specify any allergies or Health Concerns: _____

Alternate Contact: _____ Phone: _____

I hereby give my permission for _____ to attend all regularly scheduled events and retreats on or off site, sponsored by Holy Cross Lutheran Church. We also give permission for our child to travel by car or passenger vans.

I understand that the church staff and appointed volunteers will use their best efforts to supervise; however, I also understand they are not responsible for loss of personal property or bodily injury. If I cannot be reached at the time of an emergency and if treatment is urgent in the judgment of the church staff and medical authorities, I authorize and direct the church staff members present to send my child (properly accompanied) to the hospital or the most easily accessible medical facility. I understand that I will assume full responsibility for the payment of any services rendered.

I do NOT grant permission for Holy Cross to use the image of my child in various media forms such as but not limited to print, social media, or on www.holycrosslc.org

Parent/Guardian Signature

Date