

Confirmation Medical/Permission Form 2016/17

First Lutheran Church of DeKalb 324 N. Third St. DeKalb, IL 60115

Dear Parents and Guardians, your child will have the opportunity to participate in fellowship activities and service projects that are off of church property at various locations in the DeKalb/Sycamore area. In order to eliminate continual permission forms the following document gives your student permission to leave FLC property in a vehicle with a background checked Confirmation Guide. The following form is also a medical/permission form and asks for a photo release (not required for participation).

I, _____ (parent/legal guardian) of the registered children give permission for the chaperone in charge to obtain necessary medical attention in case of an emergency. **Date:** _____

Does your child have any allergies? YES NO If yes, please list allergies: _____

Does your child have any medical concerns/medication requirements that would help us make the Confirmation class and activities a fun and safe experience? _____

I, _____ (parent/legal guardian) of the above children give permission for my children to be photographed during Confirmation activities on or off church property. I give permission for these photos/videos to be used in First Lutheran promotional materials and website. **Date:** _____

I give permission for my child, _____, to participate in the social/fellowship and service project activities planned for Wednesday nights, provided FLC give proper advance communication of the date, time, location and purpose/nature of the activity.

I, _____, parent/guardian of the above child understand that Confirmation Guides are asked to participate in the whole group activities as adult mentors and will be driving my child in their personal vehicle, with other children and/or adults present at all times. I also know that FLC will obtain current copies of Drivers License and proof of insurance cards for every activity off church property that requires travel in vehicles. (If at any time, you as parent/guardian do not want your child to travel in a vehicle without you, please contact the FLC Pastor, Staff or Confirmation Guides and we will assist you with the location and driving directions.)

I, _____ (parent/legal guardian) absolve the FLC church and its agents (including Confirmation guides and/or parent drivers) from all liability in the event of an accident. I also give permission for emergency medical treatment to be given to my child if necessary.

Guardian _____ **Parent/**
Date

If at any time you have questions or concerns, please feel free to contact FLC Pastor or Staff at the church office, 815-758-0643