## Children, Youth, and Family Ministry

## **Information and Annual Permission Form**

King of Glory Lutheran Church (ELCA) 6411 LBJ Freeway / Dallas, Texas 75240 Valid from August 1, 2024 – July 31, 2025

Note: A copy of this form must be on file for a child/youth to participate in off-campus activities.

## Child/Youth Information: Child/Youth full/legal name: Preferred name (if different from above): Gender: Male / Female DOB: \_\_\_\_\_ Grade and name of school for 2024-25 school year: Home/Mailing address: \_\_\_\_\_ Email address: **Family Contact Information:** Parent/Guardian Name: cell phone: work phone: Parent/Guardian Name: cell phone: \_\_\_\_\_ work phone: \_\_\_\_\_ Primary family/home phone: Any special instructions/restrictions regarding who may pick your child/youth up after functions: Is there anyone who CANNOT pick up your child? \_\_\_\_\_ **Emergency Contact Information:** In the event a parent cannot be reached at any of the numbers above, please provide two emergency contacts. List name, relationship and phone number.

Child/Youth Health Info	ormation:		
If child/youth does not ha	ave insurance, check he	re	
If child/youth is insured of	omplete the appropriate	blanks below:	
Name of Insured:			
Group/Policy Number	::		
Insurance Company:		Phone:	
Physician:		Phone:	
Circle any and all conditi necessary explanation (a		nild/youth, then on the lines bel f needed):	ow offer any
A.D.D. / A.D.H.D. Asthma Bedwetting Fainting Seizures Sleep Walking Other	Medication Allergies Food Allergies Diabetes Eating Disorder Heart problems Back problems Joint problems	Chronic Illness or ongoing me Under the care of a mental he Operations or serious injuries Skin problems (acne, rash, ot Taking medication (ongoing of Any special condition that limit Recent broken bones or frequence	ealth professional her) only – list meds) its physical activity
21, do hereby release, forever discha and all liability, claims of demands fo	arge and agree to hold harmless Kingrees arguments injury, sickness of death,	ildren, Youth, and Family Ministry activities ar g of Glory Lutheran Church in Dallas and the as well as property damage and expenses, of	directors thereof from any fany nature whatsoever
and Family Ministry trips and activitie Furthermore, we (I) [and on beha expense as a result of participation in Further, authorization and permis The undersigned further hereby a sustained by said church as a result We (I) are the parent(s) or legal of Glory Lutheran Children, Youth, and hereby authorize medical treatment,	is.  If of our (my) child-participant] hereby recreation and related activities invision is hereby given to said church agree to hold harmless and indemnifor negligent, willful or intentional actiguardian(s) of this child, and hereby Family Ministry activities, and hereby	occur while said child is participating in King or assume all risk of personal injury, sickness, olved therein. It is for any necessary transportation, food a y said church, its directors, employees and ages of said child, including expenses incurred att grant our (my) permission for her (him) to part y give our (my) permission to take said child to rgency surgery or medical treatment, and ass	death, damage and lodging for this child. gents, for any liability tendant thereto. icipate fully in King of o a doctor or hospital and
assume all transportation costs.	,	to medical reason, disciplinary action, or other video of my child for the purpose of King of C	, (, ,
Either or both parents must sign. If c August 1, 2024 – July 31, 2025.	livorced or separated, custodial pare	ent or legal guardian must sign. This form is v	alid for a period covering
Mother's Signature:		Date:	
Father's Signature:		Date:	
Legal Guardian's Signati	ure:	Date:	

Information update or revocation of this document is the responsibility of the parent or guardian and must be received in writing at King of Glory Lutheran Church, 6411 LBJ Freeway, Dallas, TX, 75240.