St. Peter Lutheran Church

324 E. Traer St., PO Box 638, Greene, IA 50636

SUNDAY SCHOOL & YOUTH GROUP MEDICAL RELEASE AND PERMISSION FORM

Name of Participant (please print) _____

Date of Birth: _____ Age: _____ Grade: _____

Parent's or Guardian's Name(s): _____

Parent's Cell Phone(s): _____

Parent's Email: _____

Mailing Address: _____

Other individuals authorized to pick up participant (must be older than 5th grade):

_____

Please list any medical, allergy, dietary, physical restrictions, or other special needs your child has which leaders should be aware of:

Medical: _____
Allergies:_____
Dietary: _____
Physical Restrictions: _____
Regular Medications (please list the drugs, dosages, frequency, and any instructions):
_____

Please note that no drugs or medications are to be brought to youth events other than those listed above. I (we) give permission to make emergency medical care decisions on his/her behalf including treatment by a doctor or hospital, and I (we) assume responsibility of all medical bills incurred by participant. I (we) understand that St. Peter Lutheran Church will not be responsible for any medical expenses solely on the basis of this authorization.

I (we) give permission for participant to receive over the counter medications such as Tylenol, Ibuprofen, Anti-diarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like. I (we) also release the participant's name and likeness in photos which become property of the church and can be used for church related purposes and publicity including online.

Parent's/Guardian's Signature:

_____ **Date:** _____

This form is effective through May 2026. Pleas notify the church office in writing of any changes.