

Good Shepherd Lutheran Church
Summer Lunch Club Permission Form
2010 School Year

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____/____/____ Age: ____ Current Grade: _____

Gender: _____ Male _____ Female

Custodial parent(s)/guardian(s): _____

In case of emergency, we (I) can be reached by phone at:

Home phone: (____) _____ Work phone: (____) _____

If we (I) are not available in an emergency, please contact:

Name: _____

Relationship: _____ Phone: (____) _____

Address: _____

Description of any limitations or restrictions on activities: _____

My child will: walk home, be picked up

Permission:

- Parent/Guardian Authorizations: All the above information is correct and complete as far as I know. The person herein described has permission to engage in all activities except as noted.
- I understand that this Summer Lunch Club is a program of Good Shepherd Lutheran Church. It is not a program of Oakview School or the Kettering City Schools, and receives no physical resources or compensation from them.
- I understand that the program runs from 12:00 p.m. until 1:30 p.m. on Wednesdays from June 9 to August 11. I have arranged my child to either be picked up or to walk home at the end of the program time. Repeated failure to pickup in a timely manner may result in my child's dismissal from the program.
- I understand that my child will be expected to respect themselves, others, and their surroundings. Failure to do so may result in my being asked to pick them up early. Repeated failure to be respectful may result in my child's dismissal from the program.
- I give my permission for photographs of my child to be used by Good Shepherd Lutheran Church on its web site or in printed materials for promotional purposes.

Name of parent/guardian (please print): _____

Signature of parent/guardian: _____

Date: ____/____/____

**GOOD SHEPHERD LUTHERAN CHURCH
SUMMER LUNCH CLUB
EMERGENCY MEDICAL INFORMATION**

Child's name: _____ Birth date: _____

Name(s) of parent or guardian: _____

Address: _____ City: _____ Zip: _____

Home phone: _____ Work phone: _____

Two persons other than parent or guardian to be notified in case of emergency if parent or guardian cannot be located:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

My youth/child has the following physical, mental, or emotional conditions about which the adult counselors or medical professionals need to know: _____

My youth/child is under the care or treatment of a medical professional for the following condition(s): _____

My youth/child is taking the following medications and/or has the following allergies: _____

Medical attention for my youth/child is covered under the following insurance policy(s):

Ins. Co. Name _____ Plan type _____

Policy # _____ Holder's name _____

Preferred Hospital _____ Phone _____

Family Physician _____ Phone _____

Dentist/Orthodontist _____ Phone _____

Specialists _____ Phone _____

_____ Phone _____

CONSENT AND RELEASE OF CLAIMS

I hereby declare that I am the parent/legal guardian of: _____.

I hereby give my consent, in the event that all reasonable attempts to contact me or the child's other parent/guardian have been unsuccessful for:

1. The administration of any emergency treatment deemed necessary by the physician or dentist I have named above, or, in the event that the preferred practitioner is not available, by another licensed physician or dentist, and
2. The transfer of my child to, and reasonable emergency treatment at, a hospital or any other appropriate medical facility.

I hereby release and discharge Good Shepherd Lutheran Church, its agents, members, employees, directors and officers, from all claims, demands, damages, actions, of suits or any kind which my child or I ever had, now have, or may ever have against the Church, its successors or assigns, for all personal injuries or illnesses, known or unknown, which the child named above may suffer or incur during the Summer Lunch Club.

Parent /Guardian Signature _____ Date: _____