

Lutheran Church of the Cross
24231 El Toro Road **1 Orion**
Laguna Woods, CA, 92637-3499 **Aliso Viejo, CA, 92656**

PERMISSION FORM
for
CHILDREN'S MINISTRY

I, _____ () Parent () Legal Guardian,
hereby give permission for:

_____ (child's name) _____ (child's name)
_____ (child's name)
_____ (child's name)

to participate in Youth Ministry activities. I will not hold Lutheran Church of the Cross or any of its affiliates, officers, directors, and agents liable for injury caused by common accident, illness, or the rendering of emergency care. I also give permission for the above named children to be transported to and from Lutheran Church of the Cross in Lutheran Church of the Cross approved vehicles with Lutheran Church of the Cross approved drivers.

Release From Liability and Authorization to Provide Treatment

In case of medical emergency, I understand that every effort will be made to contact a responsible parent or guardian of the child(ren). In the event that contact cannot be made, I hereby give permission to Lutheran Church of the Cross to secure proper treatment for, to hospitalize, and to order such injections, x-rays, anesthesia, or operations as may be urgently necessary for the child(ren). This care is to be rendered under the general or special supervision of any physician/surgeon under the provisions of the Medical Practice Act and on the medical staff of a licensed hospital. This permission includes any necessary dental treatment to be performed by a licensed dentist under the provision of the Dental Practice Act. In the event of a claim, family insurance may be liable.

Doctor's Name _____ **Phone** _____

Health Insurance Company _____

Policy Number for each child (usually social security number):

Child _____ **Policy Number** _____

Child _____ **Policy Number** _____

Child _____ **Policy Number** _____

Child _____ **Policy Number** _____

Any medical conditions/medications we should know about (allergies, diabetes, heart, etc)?

In case of emergency, please notify:

_____ **Phone** _____

_____ **Phone** _____

Parent/Guardian Signature _____