Parental Consent, Certification, and Medical Authorization

St. John Lutheran Church- Ely, IA Phone: (319) 848-4510

Parents and legal guardians of minor children are asked to complete this form and return it to the church. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

General Information (please print)

Child's Name Birth Date

School Grade _____

Father's Name Mother's Name

Child's Address

Home Phone No. Parent's Work Phone No.

Alternate Phone No. where I can be reached

Family Doctor Doctor's Phone No.

Insurance Company Covering Child

Policy # Insurance Co. Phone No.

Consent and Certification

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the participation of my child in all of the regularly-scheduled activities of all programs for youth of St. John Lutheran Church, Ely Iowa, ("Church") for the period September 1, 2026, through September 1, 2027, including field trips, campouts, swimming, boating, hiking, sporting events, and any other activities customarily associated with church youth programs. Further, I certify that my child is physically fit and adequately trained to participate in such events, including swimming, except as noted below:

Medial Questionnaire

- Is your child presently being treated for an injury or sickness or taking any form of medication for any reasons? Yes _____ No _____ (if yes, please explain)
- Does your child have any allergies (including medications)? Yes _____ No _____ (if yes, please explain)
- Does your child ever sleep walk? Yes _____ No _____
- Can your child swim? Yes _____ No _____
- Does your child require a special diet? Yes _____ No _____ (if yes, please explain)
- Does your child have any physical condition or illness that would prevent him or her from participating in the regularly-scheduled activities described above or in any other rigorous activity? Yes _____ No _____ (if yes, please explain)

A written release must be submitted by your child's physician authorizing your child to participate in such activities

Medical Treatment Authorization

I understand that reasonable attempts to notify me will be made in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons: Pastor Brian Middleswarth, Amy Clefisch, Terry Fett or if none of them is available, then any adult supervisor, to make emergency medical decisions on behalf of my child if such decisions are required by law or deemed necessary or advisable by a health care provider. I understand that the Church and the persons named above will not be responsible for medical expenses incurred solely on the basis of this authorization.

I agree to notify the Church in the event of any health changes which would restrict my child's participation in any normal youth or children's activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Permission to use Image- Please initial

Do you give permission for any picture of your child to be used for promotional purposes without their name being used?

Yes, I give permission for my child's picture to be used _____

No, I do not give permission for my child's picture to be used _____

A copy of this form shall be deemed to be as effective as the original.

Parent or Legal Guardian *Date*

Parent or Legal Guardian *Date*

STATE OF IOWA)
) ss.
COUNTY OF LINN)

This instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

_____
Notary Public in and for the
State of Iowa