



St. John's Lutheran Church
Evangelical Lutheran Church in America
 God's work. Our hands.
 318 E Garfield Ave • Marion, WI 54950

Student Name: _____			
First	Middle	Last	
Age: _____ Birthdate _____ / _____ / _____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other Grade in School _____			
Address: _____			
Street	City	State	Zip
Email: _____		Phone: (____) _____	
Best Way to Contact Me: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Messenger <input type="checkbox"/> Phone Call <input type="checkbox"/> Other: _____			
Parent/Guardian Name(s): _____			
Address: _____			
Street	City	State	Zip
Email: _____		Phone: _____	
Best Way to Contact Me: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Messenger <input type="checkbox"/> Phone Call <input type="checkbox"/> Other: _____			
Parent/Guardian Name(s): _____			
Address: _____			
Street	City	State	Zip
Email: _____		Phone: _____	
Best Way to Contact Me: <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Messenger <input type="checkbox"/> Phone Call <input type="checkbox"/> Other: _____			
Emergency Contact Name: _____			
Address: _____			
Street	City	State	Zip
Email: _____		Phone: _____	

1. Does your child have allergies to: food insect bites medications pollens
 Please explain: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for:
 asthma diabetes epilepsy/seizure disorder heart trouble physical handicap

3. List medications currently being used: _____

Consent Form

Good for all events and programs of
St. John's Lutheran Church, Marion, Wis.
 For Sunday School & Youth
From September 2024-September 2025

 (Student's Name PRINTED)

has my permission to attend Sunday School and/or youth activities sponsored by St. John's Lutheran Church, Marion, Wis. (the "Church") during the dates set forth above. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability related to any injury to said child. I have legal custody of the child named above, a minor, and have given my consent for him/her/they to attend events organized by the Church. I understand that there are inherent risks involved in any ministry, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she/they is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also agree to bring my child home at my own expense should he/she/they become ill or if deemed necessary by a Church staff member.

YES NO

I give permission to include my child in any videos and/or photographs taken during the course of my child's involvement.

YES NO

 Parent/Guardian PRINTED Name

 Parent/Guardian Signature

 Date Signed