

**FARMINGTON LUTHERAN CHURCH
KIDS IN CHRIST PERMISSION SLIP
(Good for the 2011-2012 school year)**

Date _____

CHILD'S INFORMATION:

Child's Name _____

Age _____ Date of birth _____ School Grade _____

List Any Allergies/Medical Conditions/Behavioral Concerns: _____

Do we have permission to take photos of your child? _____ Yes _____ No
(Photos may be shown in church or on our website.)

EMERGENCY CONTACT INFORMATION:

Parent/Guardian Name _____

Street address _____

City _____ State _____ Zip _____

Phone numbers where you can be reached during an event:

Phone # 1 _____ Phone # 2 _____

Alternate person to contact in case of emergency if parent can't be reached:

Name, relationship _____ Phone _____

The above named child has permission to participate in all aspects of Farmington Lutheran Kids in Christ (KiC) events, except as noted. I also give permission for my child to leave Farmington Lutheran Church premises for KiC activities and to travel with parents and chaperones who are designated to drive for off-site activities. I will not hold Farmington Lutheran Church or its volunteers liable in any way for any injuries sustained.

If I or my emergency contact cannot be reached in the case of an emergency, I authorize Farmington Lutheran Church as temporary guardian to obtain any medical or surgical care deemed necessary in the emergency room for my child. I grant permission for the emergency room doctor, or whom the doctor designates, to care for my son/daughter.

x _____
(Parent or Guardian signature) (Date)