Holy Cross Lutheran Church
Permission Form & Medical Release

Name(s)	Birthday	Allergies/Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____

To Whom it May Concern:
I, the undersigned and the parent(s) or legal guardian(s) of the above student(s), hereby provide express permission for the student(s) to participate in camps, retreats, trips, and other events sponsored by Holy Cross Lutheran Church, Nederland, TX.

The undersigned warrant that the student(s) is in a condition of health that will permit his/her participation in such events. I authorize the adults, whose care the minor has been entrusted, consent to medical, dental, or surgical examination and treatment by any licensed physician, dentist, or hospital. I also authorize first aid treatment to be given as necessary. The undersigned recognize and agree to pay all medical treatment or hospital expenses that may be incurred and will indemnify and reimburse Holy Cross Lutheran Church with respect thereto.

By adding my name below, I as the parent(s) or legal guardian(s) release and relieve Holy Cross Lutheran Church, its agents, employees, youth leaders, and sponsors from any liability related to or arising out of the event or any accident or injury related to the event.

Parent(s) or Legal Guardian(s): _____
Date: _____/_____/_____

Physical Address: _____
City/State/Zip: _____

Preferred Phone #s:_____

Permission is granted to post pictures of student(s) listed above_____
Initial

Emergency Contact _____ Phone #_____
Emergency Contact _____ Phone # _____