

**Medical Information:**

Special Medical Concerns, Medications being taken, Allergies (especially to food or medications):

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Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

**PLEASE READ AND CHECK ALL THAT APPLY**

\_\_\_\_\_ I give my child permission to participate in Confirmation or EDGE activities at Trinity Lutheran Church.

\_\_\_\_\_ I give my child permission to participate in Confirmation or EDGE activities sponsored by Trinity Lutheran that are not at the church.

\_\_\_\_\_ I give my child permission to be driven by an adult from Trinity Lutheran Church

\_\_\_\_\_ I give my child permission to be driven by other Confirmation/EDGE parents to Confirmation/EDGE sponsored activities, i.e. retreats, servant and or fellowship events, etc.

\_\_\_\_\_ I give Trinity permission to give my contact information to my child's small group leader so they may be in contact with me about my child and what is going on in their small group.

*Special permission forms may still need to be filled out for other activities such mission trips, specific retreats, etc.*

**Consent & Authorizations**

I have read and agree with the expectations listed in the Wednesday Ministry booklet and will support Trinity Lutheran Church in administering appropriate consequences if expectations are not followed.

I give permission for Trinity Lutheran Church to use, publish, or disclose in newsletter, brochures, posters, website or other media-related vehicles, any photographs, videos, audios, or other material in which my child may have appeared, spoken or written or otherwise been represented. No names shall be attached to any media used.

I/We, as the parent(s) and/or legal guardian(s) of the above-named minor, hereby authorize a representative of Trinity Lutheran Church to act on my/our behalf in obtaining and authorizing unexpected medical, dental, surgical and/or hospital care for the minor in my absence from September 1, 2019 through August 31, 2020.

**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_