

**St. Lucas United Church of Christ  
Confirmation 2010 Permission Form**

**EVENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Dear St. Lucas United Church of Christ Parent,

This form must be completed in full before your son/daughter will be permitted to participate in this event. **Both sides** of this permission form must be completed.

**YOUR SON/DAUGHTER CANNOT ATTEND THE EVENT WITHOUT THIS FORM.**

**(Name of Youth)** \_\_\_\_\_ HAS PERMISSION TO ATTEND THE ABOVE EVENT/DATE.

I am fully aware that I will take full responsibility for my child's conduct. I release the chaperones from liability for any injury that may be sustained by my son/daughter due to circumstances over which said chaperones cannot reasonably be expected to have any control. I do release St. Lucas United Church of Christ from total liability. I will instruct my son/daughter on the necessary rules of safety and good Christian conduct.

**My child MAY / MAY NOT ride in a vehicle driven by another individual under the age of 21.**

(Please circle one)

This form is valid only when the attached Chaperone's Statement of Responsibility is also signed.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Address of Parent/Guardian

\_\_\_\_\_  
Telephone Number (during event)

\_\_\_\_\_  
Date of EVENT

**CHAPERONE STATEMENT OF RESPONSIBILITY**

By accepting the role of chaperone(s), I accept the responsibility to exercise the standard of care (for the youth named on the PARENTS PERMISSION part of this form) a prudent adult under the same circumstances would exercise that.

\_\_\_\_\_  
Signature of Chaperone(s)

\_\_\_\_\_  
Date signed

**EMERGENCY TREATMENT RELEASE**

*For this event only!*

To whom it may concern:

As a parent/guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency, which in the opinion of the attending physician may endanger his/her life cause disfigurement physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Date or Dates when release is intended: \_\_\_\_\_

This release form is completed and signed of my on free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**TO REACH PARENT/GUARDIAN IN CASE OF EMERGENCY:**

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Address: \_\_\_\_\_

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\_\_\_\_\_

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**PERSON RESPONSIBLE FOR YOUTH IN MY ABSENCE.**

NAME: Gina Pona-Norton/Kit Norton or Youth Ministry Adult Volunteer

**FAMILY PHYSICIAN INFORMATION**

Physician Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Last Tetanus Booster Injection:

Allergies:

Present Medication:

Chronic Illness (i.e. asthma, diabetes, epilepsy, etc.):