SURGE

IMMANUEL LUTHERAN YOUTH GROUP

Permission Form 2026-27

Student's Name:_____Grade:_____

Student's Name:_____Grade:_____

Father's Name (First and Last) _____

Mother's Name (First and Last_____

Street Address_____City_____State_____Zip Code_____

Home Phone_____E-Mail_____

Phone number you can be reached at

during meetings:_____

Please check membership / attendance status:

☐ Immanuel Member

☐ Member of another church (Where?_____)

☐ Not a church member

Publicity Permission:

We will be taking pictures and possibly videos throughout the year of various activities and these may be used for publicity purposes on our web site, in our monthly newsletter and on flyers and invitations used to promote our program. No names. Only pictures will be used. Please sign below, indicating your permission to use your child's photograph for these purposes.

I give my permission for Immanuel Ev. Lutheran Church to use my child's photograph for its Children's Ministry Program publicity purposes.

Parent Signature_____Date_____

Please continue to the back or next page

Medical Release / Liability Waiver:

As a parent or guardian, I do herewith authorize the treatment, by a qualified and licensed 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. The authority is granted only after a reasonable effort has been made to reach me. This release is effective from August 1, 2026 through July 1 2027.

Emergency Contact (other than yourself):_____

Phone:_____

Family Physician :_____Phone_____

This release form has been completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. In addition, I, the undersigned, waive responsibility of Immanuel Ev. Lutheran Church and all workers of the Children's Ministry program if accident or injury occurs to my child under normal circumstances of participation in the Immanuel Children's Ministry Programs.

Parent/Guardian Signature:_____Date_____

Please either print, fill out and **mail to:**

Immanuel Ev. Lutheran Church

1116 E. Devon Ave.

Bartlett, IL 60103

or email to: immanuelbartlett@sbcglobal.net

Any questions please call the church at (630) 837-1166