The Lutheran Church of the Holy Spirit
3461 Cedar Crest. Blvd. Emmaus, PA 18049
610.967.2220 x 107 (Youth) x 108 (Children)

Permission Form for Adults

For persons 18 years of age and older

		(adults' full name) will attend any church activity, except		
_	its, at The Lutheran Church ts require a different individua	of the Holy Spirit, Emmaus, PA valid through August 31, 2013. Out		
•	•	method(s) or ALL forms of communication. Please print legibly.		
Household Name:	(if different than above)	Gender:		
Address Line 1:				
City State Zip:				
Birth Date:		Home Phone:		
Cell Phone:		Work Phone:		
Spouse/Partner's C	ell Phone:	Spouse/Partner's Work Phone:		
Pagers:		Beepers:		
Household Email A	ddress:	Personal Email Address:		
Work Email Addres	ss:			
Baptism:	1st Communion:	Confirmation		
anyone verbally of pointers, or firewonly permitted of Electronic Devices Cell phones or Putheran Church devices. Photos of Event 2. I give permission Holy Spirit print 7. I give permission electronic media powerpoint pression Spirit website and church event.	I will treat other people and or physically. I will not use a works, as they are strictly prutside by adults. Remember DAs will be permitted for each of the Holy Spirit, Emmaus (numbers correspond to Phon for any photo of myself fronto The Lutheran Church publications photos taken of photos taken of myself a entation, video, or electronion to The Lutheran Church do congregation Facebook or on to the news media (usual	or any use at church valid through 8/31/13. of the Holy Spirit to display in any of The Lutheran Church of the f myself at a church event. of the Holy Spirit to create a church CD/DVD or any other t a church event. This CD/DVD may be used to create and display a		
Adult's S	ignature	Date		

Does participant have any physical, emotional, or mental limitations, problems, or concerns that would be helpful if the staff was aware of or may affect the whole group, i.e. sleeping problems, destructive behavior? If yes, explain:

Medical and Allergy Information I recognize that there may or may not be risks involved in participating in any activity. I hereby assume all risk of injury, harm,								
damage, or death to myself,, (Adult's Full Name) in connection with my participation in an activity at or through The Lutheran Church of the Holy Spirit.								
To the fullest extent permitted by law, I release The Lutheran Church of the Holy Spirit, its trustees, officers, directors, employees, agents and representatives from any injury, harm, damage or death which may occur to myself while participating in the activity and agree to save and hold harmless The Lutheran Church of the Holy Spirit, its trustees, officers, directors, employees, agents, representatives from any claims arising out of my participation in an activity.								
Further, I do consent to any medical, surgical, x-ray, anesthetic, or dental treatment that may be deemed necessary for myself. I understand that efforts will be made to contact my emergency contact prior to treatment but, in the event they cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. I understand that I am responsible for the health care decisions of myself and agree that my insurance plan is the primary plan to pay for the medical, dental, or hospital care or treatment that is given to myself.								
The taking of prescription medication is the responsibility of the individual taking the medication. A leader, after obtaining all the necessary information, may agree to accept responsibility to be sure an adult takes the necessary medication at the appropriate time, but LCHS does not mandate or encourage a leader to do so.								
Signature of Adult				Date				
	In	an emerge	ency, please	contact.				
Name Relationship								
Emergency Contact Phone:								
Insurance Information A copy of both sides of your medical insurance card is required for participation. If your insurance information changes, it is your responsibility to submit a new copy of your medical insurance card. If there is no medical insurance, state None.								
Insured's Name: Policy #:								
ID#	Group # Member #							
Insurance Co. Name:	Insurance Co. Name: Plan:							
Please notify staff of any special circumstances which may limit or restrict an individual's participation in this community event.								
Medication or Prescription Information								
•								
Condition(s):								
Dosage: Precautions to Take:								
Known Allergies:								
Medication Names Print Legibly	Dosage	Quantity	Frequency	Directions/Reaction	Reason for Medication			