LCHS, GLC, and SJLC Adult Permission Form 2015-16

For persons 18 years of age and older

		(adults' full name) will attend any church activity, except		
require a different individu	al permission form.	SJLC, valid through August 31, 2016. Out of town overnight events		
Please list all c	ontact info and circle preferred n	nethod(s) or ALL forms of communication. Please print legibly.		
Household Name: (if di	ferent than above)	Gender:		
Address Line 1:				
City State Zip:				
Birth Date:		Home Phone:		
Cell Phone:		Work Phone:		
Spouse/Partner's Cell	Phone:	Spouse/Partner's Work Phone:		
Pagers:		Beepers:		
Household Email Addr	ess:	Personal Email Address:		
Work Email Address:				
Baptism:	1st Communion:	Confirmation		
anyone verbally or proposition pointers, or firework only permitted outsing the Electronic Devices Cell phones or PDA GLC, and SJLC from Photos of Event I. I give permission to a church event. 3. I give permission to photos taken of mystopresentation, video, 4. I give permission to social network media	hysically. I will not use a ks, as they are strictly prode by adults. Remember, s will be permitted for en any or all responsibility for any photo of myself for LCHS, GLC, and SJLC to LCHS, GLC, and SJLC elf at a church event. This or electronic media displaced to LCHS, GLC, SJLC to pa page photos taken of me to the news media (usual)	ost on their websites and congregation Facebooks or other church		
Adult's Signatu Participation	ıre	Date		
-	ny physical, emotional, or	mental limitations, problems, or concerns that would be helpful if		
• •		oup, i.e. sleeping problems, destructive behavior? If yes, explain:		

Please complete Medical and Allergy Information on reverse side.

Medical and Allergy Infor		ح منا المصاميية	- uti si- stin s in s	nu nativita e l'homabu na	a all wiels of injury house			
I recognize that there may or may r		-						
damage, or death to myself,in connection with my participation	in an activi	ty at or throu	Jgh LCHS, GLC	and SILC.	(Addit's Full Name)			
To the fullest extent permitted by I representatives from any injury, has save and hold harmless LCHS, GLC claims arising out of my participation	aw, I release m, damage c, and SJLC,	e LCHS, GLC or death whi their trustees	C, and SJLC, the ch may occur t	ir trustees, officers, dir o myself while participa	ating in the activity and agree to			
Further, I do consent to any medica understand that efforts will be mad reached in an emergency, I give per that I am responsible for the health medical, dental, or hospital care or	e to contact mission to t care decision	my emerger the activity lead ons of myself	ncy contact pric ader to make th and agree that	or to treatment but, in the decisions necessary	the event they cannot be for treatment. I understand			
The taking of prescription medication necessary information, may agree to time, but LCHS, GLC, and SJLC do	o accept res	ponsibility to	be sure an adu	ılt takes the necessary				
Signature of Adult				Date				
	In	an emerge	ency, please	contact.				
Name	Name Relationship							
Emergency Contact Phone: _								
Insurance Information	A copy of h	oth sides of v	our medical insu	urance card is required for	participation. If your insurance			
information changes, it is your responsibilit				•				
Insured's Name: Policy #:								
	Group # Member #							
Insurance Co. Name: Plan:								
Please notify staff of any special circum								
Medication or Prescriptio	n Inform	ation						
•								
Condition(s):					 			
Dosage:	Dosage: Precautions to Take:							
Known Allergies:								
Medication Names Print Legibly	Dosage	Quantity	Frequency	Directions/Reaction	Reason for Medication			