

Advent Lutheran Church  
300 East Yamato Road  
Boca Raton, FL 33431

**Permission Slip, Consent for Emergency Care and to Photograph**

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade entering into this fall: \_\_\_\_\_

Parent/Guardian's Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List anything your child is allergic to: \_\_\_\_\_

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**Medical Insurance Information**

Insurance Company's Name: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Medications your child is currently taking: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_/\_\_\_\_/\_\_\_\_

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I hereby give permission for youth ministers, pastors or supervising adults affiliated with Advent Lutheran Church to administer first aid to the above named child, including medication for minor illness. I release such persons and Advent Lutheran Church from any liability.

I further authorize the youth ministers, pastors or supervising adults to seek medical care for the above named child and/or to admit the child to a licensed hospital or clinic, if such is required, according to their best judgment. I further guarantee payment for any such professional medical treatment.

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

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

I hereby give permission to Advent Lutheran Church to use photographs or videotape footage of my child.

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

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