

LIGHTHOUSE INTERNATIONAL CHURCH PERMISSION SLIP/MEDICAL RELEASE

(please complete one form per child—both sides)

Child's Name Male/Female

Child's Address _____/_____/_____
Date of Birth _____
Age

City State Zip (____)_____
Home Phone (____)_____
Other Phone

Who to contact in case of emergency :

Parent or Legal Guardian Relationship to Child (____)_____
Home Phone (____)_____
Other Phone

If unavailable, please contact:

Name Relationship to Child (____)_____
Home Phone (____)_____
Other Phone

Medication and/or Allergies or Other Medical Information/Special Notes:

Allergic To: Medications Currently Taking:

_____/_____/_____
Date of Tetanus _____
Insurance Company _____
Policy Holder _____
Policy number on card

I, parent or legal guardian, of the aforementioned child, give him/her permission to attend Lighthouse event and understand that accidents can and might happen. If my child(ren) is in an accident where medical treatment is necessary, I hereby give my permission and authorize the pastors, leaders, and/or volunteers/sponsors to give required consent to allow medical treatment to my child in my absence. I also agree and make public that I will not hold Lighthouse International Church, its staff and/or affiliates and/or volunteers liable for any accident and/or injuries that may be sustained during any activity.

X _____
Parent or Legal Guardian Signature _____/_____/_____
Date

Parent or Legal Guardian (please print)

CODE OF CONDUCT/DISCIPLINARY AGREEMENT

While the aforementioned child participates in any regularly sponsored activity, he or she is responsible to abide by the rules set forth by the sponsoring organizations, its leaders and supervisory personnel. Any serious infraction of rules and/or conduct by the child can result in dismissal from the program. In the event the aforementioned child is dismissed from the program, I, the undersigned, agree to assume the cost of returning him/her home. I understand that such actions would only be taken under certain circumstances and only after direct consultation with the Youth Leader and the respective parent(s) or guardian(s).

I have read and understand and agree to these rules.

X _____
Parent/Legal Guardian Signature

_____/_____/_____
Date

MEDIA/PHOTO/VIDEO RELEASE

I realize and understand by my child(ren) attending events at Lighthouse International Church that photos and videos may be taken for marketing purposes. I hereby grant permission to Lighthouse International Church to photograph and/or video tape my child during event and to use those photos/videos for marketing purposes in any form without compensation or approval rights.

I further hereby authorize Lighthouse International Church to publish photographs and/or videos taken of my minor children for use in printed publications, website, or other media form. I understand it will be the property of Lighthouse International Church, and I waive any right that I or my minor children or heirs may have to inspect or approve the finished products or the advertising copy or printed matter that may be used.

I release Lighthouse International Church, its employees, volunteers and affiliates from liability for any claims or third party in connection with my child's participation.

X _____
Parent/Legal Guardian Signature

_____/_____/_____
Date

Printed Name of Parent or Legal Guardian