

Parent Permission Form for:

# Confirmation Program

Date: Wednesdays, Sept 2010-May 2011



Minnetonka Lutheran Church  
16023 Minnetonka Blvd  
Minnetonka, MN 55345  
(952) 935-3419

I give permission for my son/daughter (listed below) to participate in the confirmation program at Minnetonka Lutheran Church. I hereby release Minnetonka Lutheran Church (MLC), its staff, teachers, small group leaders and volunteers from any and all liability to people or property, which may result due to accident or injury during this activity.

NAME \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number for above person \_\_\_\_\_

Does your son/daughter have any medical conditions that the staff or chaperones at this event should be aware of? If so, please specify/explain:

Does your son/daughter take any medication? If so, please specify what it is and why it is taken:

Are there any other things that the church staff or chaperones should be aware of? Please explain:

Emergency contact  
name \_\_\_\_\_ phone number \_\_\_\_\_

Check here if you **do NOT give permission** for pictures of your son/daughter to be used or displayed for church purposes, including on the MLC website.

**I authorize a representative or member of MLC to consent to and/or authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of a medical professional or attending physician. I agree not to hold the representative liable for suits or claims arising from giving such consent. I understand I am responsible for the cost of such medical care and affirm the insurance and medical information given above is accurate to the best of my knowledge.**

**Parent/guardian signature** \_\_\_\_\_ **date** \_\_\_\_\_