



Faith Lutheran Church
Permission Form/Medical Release
Student Behavior Covenant
For June 2010-June 2011

Faith Lutheran Church
 11115 Hanson Blvd. NW
 Coon Rapids MN 55433
 Phone 763-755-3530
 Fax 763-755-3180
 middleschool@faithlutherancr.org

Children, Middle School and High School Ministry

Student Name _____ Date of Birth _____
Month/Day/Year

Address _____ Gender **M / F** Current Age _____

Parents Name(s) _____ Cell Phone _____
 _____ Cell Phone _____

Email _____ Home Phone _____

Emergency Contact _____ Emergency Contact Phone _____
(other than parent)

Medical Release

Please indicate below any medical needs the staff and volunteers should be aware of:

- Allergies (food, animals, medication)
- Medical conditions we should be aware of
- Medication taken daily:

Insurance Information:

Name of Provider

Identification number of the participant:

Student Behavior Covenant

To insure a positive experience for everyone, we ask that all student read and follow these expectations:

1. Respect other participant's property and that of the hosting facility.
2. Respectful behavior for group leaders, adults, peers, and all facilities are expected.
3. Faith Lutheran Church will not be responsible for any lost, damaged, or stolen articles. We ask that all valuable items be left at home.
4. There will be **no deposit refunds** for students who do not show up to an event.
5. ANY participation in alcohol, tobacco, drugs, or sexual activity of any kind will result in immediate dismissal from the event at the cost of the participant. Other reasons for dismissal include but are not limited to: defacing property, leaving the premises without permission, cursing and/or abusive language.

Student: I have read and agree to these event enhancing conditions...

Signature of Student: _____

Parent/Guardian I authorize my son/daughter to attend the events throughout the year 2010 - 2011. In the event of a medical emergency and the emergency contact or I cannot be reached by phone, I authorize Faith Lutheran Church Staff to provide care for my son/daughter. I also agree with the expectations stated above in the Student Behavior Covenant and will support Faith in administering any appropriate consequences if expectations are not followed.

Parent/Guardian Signature _____
Date _____