



Grace  
Lutheran

Pastor Kevin C. Clementson, *Co-Senior Pastor*  
Pastor Martha W. Clementson, *Co-Senior Pastor*  
Anita Erb, *Director of Little Friends of Grace Preschool*  
Leanne Elliott, *Director of Christian Education,*  
*Youth and Family Ministries*

*Building Relationships with God and Community*

**PARENT/GUARDIAN/  
AUTHORIZED CARE-GIVER CONSENT FORM**

As the parent, legal guardian, or authorized care-giver of the child named below, I hereby **CONSENT** for my child to attend and participate in all activities, including transportation to and from the activities, provided by this church, its employees and volunteers, for the **2015-2016** school year.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED CARE GIVER)

(DATE)

**PARENT/GUARDIAN/AUTHORIZED CARE GIVER CONSENT TO  
MEDICAL OR HOSPITAL CARE**

As the parent, legal guardian, or authorized care-giver of the child named below, I hereby **CONSENT** to any emergency x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon for my child. This authority also extends to any x-ray examination, anesthetic, or surgical diagnosis or treatment and hospital care by a dentist for my child. I further agree to pay all charges for the medical, or hospital care or treatment, or declare that I have adequate insurance coverage for my child's medical, or hospital care or treatment charges. As parent, legal guardian, or authorized care giver of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the emergency medical or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

**WRITE ANY IMPORTANT MEDICAL INFORMATION ON THE BACK OF FORM**

(SIGNATURE OF PARENT/GUARDIAN/AUTHORIZED CARE GIVER)

(DATE)

(PRINT NAME OF PARENT/GUARDIAN/AUTHORIZED CARE GIVER)