

## Parent Release & Consent Form

Name of Youth Volunteer \_\_\_\_\_

I hereby give permission for my child to serve in Disaster Response project coordinated by the Southeastern District, Lutheran Church – Missouri Synod. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above. (Attach a copy of Insurance Card) I understand that I am responsible for his/her own medical insurance and will not hold the Southeastern District, Lutheran Church – Missouri Synod liable for any injury or damage to my child while engaged in the disaster project.

Parent/Guardian Print \_\_\_\_\_

Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your relationship to participant \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_

Does your child have any physical limitations that might affect his/her work?

\_\_\_\_\_  
\_\_\_\_\_

List any allergies or medications \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special Needs, if any \_\_\_\_\_

**Notary:** State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared before me.

\_\_\_\_\_ Whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_\_ Who is personally known to me

\_\_\_\_\_ Whose identity I verified on the oath/affirmation of \_\_\_\_\_

a credible witness to be the signer of the foregoing document and he/she acknowledged the he/she signed it.

\_\_\_\_\_  
Notary Public