

AUTHORIZATION TO PARTICIPATE/MEDICAL RELEASE FORM/  
AUTHORIZATION TO TRANSPORT

St. John's Evangelical Lutheran Church  
45 North Reading Ave, Boyertown, PA 19512  
610-369-1024

**Church Overnight and Scavenger Hunt**

Adult in Charge: Molly Byrne Leader Email: [mbyrne@stjohnsboyertown.org](mailto:mbyrne@stjohnsboyertown.org)

Leader Cell Number: 484-949-4217

Group will meet in St. John's ELC Lower Level at 6:30 pm 3/8/19

Group will be picked up in St. John's ELC Lower Level at 10:00 am 3/9/19

**PLEASE CUT THE FORM BELOW AND RETURN TO THE LEADER BY MARCH 4, 2019**

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My child \_\_\_\_\_ has permission to participate in the Church Overnight.

*I hereby waive and release the St. John's Lutheran Church and all individuals, staff members, and volunteers working in connection with church activities from any and all possible claims for injury to person or property which might arise in connection with my child's participation in activities sponsored or provided by you.*

*I do not hold the church responsible for any accident or illness which might occur and authorize the adult in charge, should it be necessary, to secure the service of a doctor at my expense. (Parents will be notified in case of an emergency).*

*I give permission for St. John's Evangelical Lutheran Church to use any photographs or videos/audio recording in which my child appears on the church website, bulletin boards, newsletters, or submitted articles to local newspapers.*

Parent/Guardian Signature \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Family Medical/Hospital \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Please list any allergies/medical conditions/special needs/medications:

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