



Summer Camp 2024

Parent Release and Consent

Family Name: _____

Date: _____

Parent Emergency Consent: As a parent or legal guardian of the child named below, I hereby give consent for emergency medical care. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent. Recognizing the possibility of physical injury, I hereby release, discharge, and/or indemnify Shepherd of the Desert Lutheran Church and School, its affiliated organizations and sponsors, their employees and associated personnel, against any claim by or on behalf of the registrant. I, the parent/guardian of the registrant, agree that I will abide by the rules of Shepherd of the Desert Lutheran Church and School and its affiliated organizations and sponsors and will support the Preschool Family Handbook and all school policies.

Initial for consent: _____

Sunscreen: I understand that it is my responsibility to apply sunscreen to my child before school. If it is necessary to reapply sunscreen, I give the staff of Shepherd of the Desert permission to do so. Initial for consent: _____

Photo Consent: I hereby give permission for my child's photograph or video image to be used in Shepherd of the Desert school and church publications, including but not limited to website, Facebook, and in local publications and advertisements. All publications will be picture only. Names of students will not be attached to any photos used within school/church related publications. Initial for consent: _____

Specials, Events and Field Trips: I give my son/daughter, named below, permission to participate in chapel which takes place weekly on Wednesday mornings in the sanctuary. In addition, I give my son/daughter authorization to participate in school approved activities which may include special guest performers and presenters like local fire fighters, policemen and other professionals. Initial for consent: _____

Lastly, I give my son/daughter permission to participate in off-campus field trips to neighboring care facilities. I understand that every effort will be made to notify me in advance of the scheduled date and I will be required to sign a separate permission form for participation. By signing the permission form, I give consent for my child to participate and understand that no child will be allowed to participate in an off-campus field trip without parental authorization.

Initial for consent: _____

Student's Name: _____

Parent Names: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Insurance Carrier: _____ Policy Number: _____

Father's Signature or Legal Guardian & Date

OR

Mother's Signature or Legal Guardian & Date