



Ministry Participation Form

Participant Name: _____
Last First Middle

Gender: _____ DOB: _____ Baptismal Birthday: _____ Grade: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Parent/Guardian Cell Phone: _____

Parent/Guardian Email: _____

Additional Contact Info: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Allergies: _____

**Please include any medication your child is allergic to.*

Allergic Reaction: _____ Does your child carry an Epi Pen? Yes No

Other Health Concerns: _____

Medical Insurance Company: _____ Insurance #: _____

Emergency Contact Name: _____ Phone: _____

**Please choose an emergency contact different than Parent/Guardian listed above.*

Relationship to Child: _____

I give my child, _____ permission to participate in all classes,
Participant Name
groups, events, and trips associated with ministry at Peace, through May 2022.

By allowing my child to participate in ministry classes, groups, events, and trips sponsored by Peace Lutheran Church, I agree to the following:

1. My child will treat all employees, volunteers, and participants with kindness and respect.
2. Should my child need to have medical treatment while volunteering in an above mentioned activity Peace Lutheran Church will first call the parent/guardian listed on this form, then the emergency contact. If said parent/guardian and /or emergency contact are unable to be reached, or if my medical emergency requires an immediate response, I hereby give Peace Lutheran Church personnel permission to use their judgement in obtaining medical service for my child. I give permission to the physician selected by Peace Lutheran Church personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that Peace Lutheran Church has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.
3. To the best of my knowledge, my child has no medical condition, which would A) interfere with his/her ability to participate in any ministry activity B) endanger his/her health or C) endanger any other person's health.

Parent/Guardian Signature: _____ Date: _____