

Secondary Emergency Contact

Name: _____ Relation: _____

Address: _____

Phone#: _____

Phone#: _____

Specialty Doctor Contact

(please fill out this portion of the form if your child has special medical needs to be addressed by a particular doctor)

Doctor Name:

Office/Org. Name:

Phone#:

Phone#:

Office Address: _____

Our preferred hospital is:

Carle Foundation Hospital

Presence Covenant Medical Center

Other: _____

School Attending: _____

Known Allergies/Medical Conditions: _____

PARENT/GUARDIAN CONSENT FORM

**Lutheran Church of Mahomet
410 E. Andover Dr. / Mahomet, IL 61853**

Throughout the Confirmation programming year, we will be participating in various special activities. The adults present will inform the kids about safety and rules in order to minimize risk of injury, but injury is still possible. By signing this document, you acknowledge the possibility of accident and injury, acknowledge foreknowledge of the activities planned, and release the Lutheran Church of Mahomet from liability. Please initial beside each activity to signify your foreknowledge and release from liability.

_____ Corn Maze: The students will meet at Lutheran Church of Mahomet before carpooling to the corn maze in Rantoul, where we will have dinner, go on a hay ride, watch a canon fire, explore the corn maze, and drive on the go-cart track. After their time at the corn maze, the students will return via carpool to the church.

_____ Confirmation Olympiad: Students will compete in teams in different minute-to-win-it kinds of games.

_____ LDS Visit: The students will meet at Lutheran Church of Mahomet before carpooling to the LDS Church in Champaign. After their time at the church, the students will return via carpool to the church.

_____ Labyrinth: The students will paint a labyrinth on a large tarp.

_____ Service Projects: In small groups, the students will first design and then execute a service project of their choice.

_____ Temple Visit: The students will meet at Lutheran Church of Mahomet before carpooling to the Sinai Temple in Champaign. After their time at the temple, the students will return via carpool to the church.

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities described below.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

_____ / ____ / _____

STUDENT RELEASE OF LIKENESS FORM

**Lutheran Church of Mahomet
410 E. Andover Dr. / Mahomet, IL 61853**

Lutheran Church of Mahomet is making concerted efforts to highlight the impact young people in our community, and we do this through local newspapers, Facebook and Twitter presences, website, and printed publications. These publications include likenesses, images, etc., to be distributed to the general public and will not bear names, addresses, phone numbers, email addresses, or any other sensitive information. If you do not wish your child's picture to be used for any church use, **please do not sign this form.**

As the parent or legal guardian of my child, _____, I hereby give permission for the Lutheran Church of Mahomet to share her/his likeness on the church's website, printed publications, Facebook, Twitter, and in local newspaper publications.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

____/____/____

STUDENT CONTACT INFORMATION

**Lutheran Church of Mahomet
410 E. Andover Dr. / Mahomet, IL 61853**

We like to communicate with our students as well as parents about upcoming events, due dates, in case of an emergency, etc. Please fill out this form so that share information with you and the students. Please note, we guard this information well and will not distribute these to anyone else. Also, know that the leaders of the Lutheran Church of Mahomet will refrain from contacting students without also including parents in the same email, text, phone call, etc.

As the parent or legal guardian of my child, _____, I hereby give permission to the Lutheran Church of Mahomet to use the following information for contacting her/him as well as myself about Confirmation-related information and inquiries.

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

_____/_____/_____

Student's Info:

Email: _____ Cell Phone: _____

Parent/Guardian Info:

Email: _____ Cell Phone: _____

Day/Work Phone: _____ Home Phone: _____

Mailing Address: _____

Parent/Guardian Info:

Email: _____ Cell Phone: _____

Day/Work Phone: _____ Home Phone: _____

Mailing Address: _____