

SJL Student Ministry Release Form
St. John's Lutheran Church, Midland MI – September 2025- August 2026

Name of Youth: _____ Date: ____/____/____

Birthdate: ____/____/____ Height: ____ft.____in. Weight: ____lbs. *(for pharmaceutical purposes in emergency)*

Home Address: _____ City: _____ ST: ____ ZIP: _____

Home Phone #: (____)____-____ Youth Cell Phone #: (____)____-____

Parent/Guardian Name: _____ Cell Phone #: (____)____-____

Parent e-mail: _____ Work Phone #: (____)____-____

Parent/Guardian Name: _____ Cell Phone #: (____)____-____

Parent e-mail: _____ Work Phone #: (____)____-____

Emergency Contact Person: _____ Relationship to Youth: _____
(other than parent)

Emergency Contact Phone Number: (____)____-____ (or) (____)____-____

Health Insurance Company: _____

Policy and/or Group #: _____ Phone #: (____)____-____

Physician's Name: _____ Phone #: (____)____-____

(Please attach a copy of your most current health insurance card)

Allergies: _____

Date of last tetanus immunization: ____/____/____ Wear contact lenses or glasses? _____

Physical Limitations: _____

Regular Medications: _____

Dispensation Schedule of medications: _____

Other Health Considerations: _____

I understand that I am expected to behave in a manner that honors God during all activities, events, and trips associated with St. John's Lutheran Church. I will put Christ first in everything I do, I will show respect to leaders, peers, and myself, and I will uphold group covenants. I will represent God, St. John's, our youth group, and myself in the highest regard through my words and actions.

Date: ____/____/____

Signature of Student

(over)

I give _____ permission to attend all outings, gatherings, trips, service projects,
(name of minor)
activities, and events with St. John's Lutheran Church from September 1, 2025 to August 31, 2026.

I give permission / I decline for the above-named minor to travel to and from activities/outings by way of transportation provided by St. John's. I release all approved drivers for St. John's events from all liability and understand that this medical release also covers all emergencies while traveling to and from activities/outings.

I understand photos will be taken during activities/events and will be displayed at St. John's on bulletin boards, in newsletters, etc. Photographs taken for online use: I give permission / I decline for the above-named minor's photos to be placed on the church website and/or Facebook and Instagram, and used for advertising future events; I do not hold St. John's or their officers responsible for what happens to my child's photo.

I understand if medical intervention is needed every attempt will be made to contact immediately the persons listed on this form. I will notify St. John's of any changes to information currently listed. In the event I cannot be reached in an emergency during a church activity/outing/event, I hereby give my permission to the physician or dentist selected by the activity leader for the above-named minor to be given any necessary examinations, secure medical treatment, x-rays, order injections, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety precautions will always be taken by St. John's Lutheran and its agents during the events and activities. I understand the inherent possibility of risk. I agree not to hold St. John's Lutheran Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: ____ / ____ / ____

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