



REDEEMER

Evangelical Lutheran Church

2510 N. M-52
Owosso, MI 48867
989-725-5442
Fax: 989-725-0022

Permission/Medical/Liability Release Form

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, _____ to attend the following Redeemer Lutheran Church Youth Group Event

_____.

Pastor
David K. Woodby

prdave@redeemerowosso.com

In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during the above mentioned event, I hereby authorize Redeemer Lutheran Church and or its representatives to obtain or provide medical treatment for my child for such injury or illness, and I hereby hold Redeemer Lutheran Church and sponsoring organization(s), as well as its representatives, harmless in the exercise of this authority.

Website

www.redeemerowosso.com

I further understand that there is always a possibility that my child may sustain physical illness or injury while at this event. If this occurs, I hereby authorize Redeemer Lutheran Church and its representatives to refer my child to a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event.

Church Office Email

office@redeemerowosso.com

Mission Statement

We are a family who loves serves and worships God, growing in His wisdom and grace as we strive to bring all people to Jesus Christ.

Date _____

Signature of Parent or Guardian _____

Insurance Carrier _____

Policy # _____

(please attach copy of insurance card if possible)