

Permission Form



Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)		Date of Birth	Age	Registering for Grade
Street	City	State	Zip Code	
Church Membership (Please list name and address if applicable.)				Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No

Physical Education

Physical education is an important part of the total development of a child. However, we recognize that some individuals may not engage in physical education for medical reasons. Please check one of the following boxes:

- Yes, my child may fully participate in physical education.
- Yes, my child may participate in limited physical education.
(Please attach a doctor's written explanation that includes a list of the limitations.)
- No, my child may not participate in physical education.
(Please attach a doctor's written explanation.)

Insurance (Please check one of the following:)

- Yes, I have my own insurance that covers my child in any athletic events or activities in which he/she participates. I hereby waive my rights to hold Saint Lucas Congregation, Saint Lucas Lutheran School, or its representatives responsible for any liability.
- No, I do not have insurance that covers my child for athletic events or activities in which he/she participates. I waive my rights to hold Saint Lucas Congregation, Saint Lucas School, or its representatives responsible for any liability.

Medical Care

My child has the following medical conditions (Such as asthma, allergies, etc.):

I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

- Yes No

Extracurricular and Off-Campus Activity

While my child is at Saint Lucas, I hereby request and consent that he/she be permitted to participate in the extracurricular and/or off-campus activities sponsored by the school. These activities may include transportation by bus or car. I understand that such activities may be conducted in the school building, on school premises (including the playground), or away from school (including the library), and that the activities may be engaged in before, during or after school sessions.

Furthermore, I understand that the activities are carried out under the supervision of teachers, parents, or volunteers of Saint Lucas Lutheran Church and School.

- Yes, I give my permission.

Parent's/Guardian's Signature: _____ Date _____

_____ Date _____