

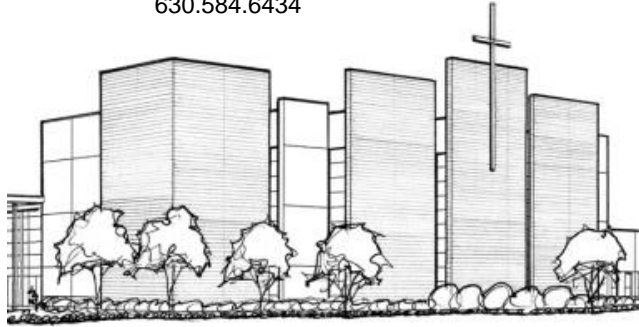


HOSANNA!

Lutheran Church

*Hosanna! is connected with
Christ and One Another
and Those in Need*

Hosanna! Lutheran Church
36W925 Red Gate Road
St. Charles, IL 60175
630.584.6434



PARENT/GUARDIAN GENERAL TRIP/EVENT AUTHORIZATION

[General Permission/Transportation/Medical/Video/Photo]

I/we authorize Hosanna! Lutheran Church to take my/our child(ren)/youth on a special ministry-related trip/event away from the Hosanna! Lutheran Church building and grounds. I/we understand that all trips/events are under the supervision of the church and its designated authorized personnel; that adult drivers will be transporting the children/youth; and that all reasonable safety precautions will be taken.

In the event of medical emergency, I/we authorize the designated personnel of Hosanna! Lutheran Church supervising the trip/event to consent to necessary medical treatment for my/our child(ren)/youth including but not limited to treatment by a physician, transportation by ambulance, emergency room treatment, and/or hospitalization.

I/we give consent to allow my/our child(ren)/youth to be photographed and/or videotaped (without compensation) for possible use and display for/in church events, newsletters, brochures, multi-media presentations, reports, or other similar uses, some of which may be viewed by the public, such as press coverage, promotional videos, and LCMC publications.

(print name(s) of child(ren)/youth)

(print name(s) of child(ren)/youth)

X _____
(signature of parent/guardian)

X _____
(signature of parent/guardian)

Date: ____/____/____

Date: ____/____/____