



**Children, Youth & Family Ministry
Student Registration and Parent/Guardian
Activity Consent Form 2023-2024**

Student Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Grade 2023-2024 School Year: _____

Baptized: Yes ___ No ___ Baptism Date: _____ Communing: Yes ___ No ___

Address: _____
(Address) (City) (State) (Zip)

Grades 6-12: Do you, the parent(s)/guardian(s), grant permission for SOTH adult leaders to contact your child directly via phone, text, email, and social media? Yes ___ No ___

Student Cell Phone: _____ Student Email: _____

Parent/Guardian 1: _____
(Last) (First) (Middle)

Cell Number: _____ Email: _____

Parent/Guardian 2: _____
(Last) (First) (Middle)

Cell Number: _____ Email: _____

If neither parent can be reached:

Emergency Contact name: _____

Relationship to Student: _____

Emergency phone number: _____

Does your child have any allergies? Yes ___ No ___ If yes, what? _____

Does your child have any behavioral or health concerns that may affect his/her participation in any activities? If so, are there activities in which they should not participate?

Is your child taking any medication on a regular basis? Yes ____ No ____

If yes, what? _____

May the adult leaders provide, upon your child’s request, the following medications?

Aspirin	Yes _____	No _____	Parent initials _____
Tylenol	Yes _____	No _____	Parent initials _____
Ibuprofen	Yes _____	No _____	Parent initials _____
Pepto Bismol	Yes _____	No _____	Parent initials _____
Benadryl	Yes _____	No _____	Parent initials _____

Parental Permission:

I, the undersigned, authorize a representative of Shepherd of the Hills Lutheran Church staff/volunteers to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgments of attending physicians, in the event my student is admitted to any hospital or in need of any medical treatment. This authorization shall be in effect during such time as my student is participating in youth activities during the 2023–2024 school year.

I give permission for my child to attend all the activities knowing that he/she and I accept full responsibility for his/her actions. I understand and accept that the leaders do not assume any responsibility or liability for any injury my child may sustain. As parent/guardian of my child, I agree to be responsible for any damages, costs, and fees carelessly, recklessly, or intentionally caused by my child.

I have read this responsibility statement and have discussed it with my child. I knowingly execute this agreement, and I permit my child to participate in all Shepherd of the Hills Children, Youth & Family Ministry activities during the 2023–2024 school year

Parent/Guardian Signature _____ Date: _____

Student Agreement (for those in grades 6–12):

While participating in Shepherd of the Hills Lutheran Church events, I accept full responsibility for maintaining good conduct, and I agree to follow the directions of the adult leaders/chaperones and state laws. I understand that no tobacco, alcohol, and/or illegal drugs are permitted.

Student Signature _____ Date: _____

Photo/Image Consent Opt-Out:

My signature below confirms that I **do not wish** Shepherd of the Hills to record the appearance of my child in any recorded medium, including, but not limited to video, audio, or photos for internal communications or external marketing purposes.

Parent/Guardian Signature:

Date: