

**PARENTAL PERMISSION & INFORMATION FOR ACTIVITIES AT CHRIST THE KING LUTHERAN CHURCH**  
**(Please Print)**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Age \_\_\_\_\_

Restrictions/Allergies/Other pertinent information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact #1: Relationship \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Emergency Contact #2: Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

I give my son/daughter permission to attend ( event) \_\_\_\_\_

on (date) \_\_\_\_\_ at Christ the King (CTK) Lutheran Church.

I do/do not (INI) \_\_\_\_\_ give my permission for a representative of CTK to take them for emergency care if necessary.

I do/do not (INI) \_\_\_\_\_ give my consent for photos taken at the event to be used in a public media forum such as newsletters, web pages and other similar public venue.

I understand that CTK will call me immediately should my child engage in unacceptable behavior or require medical attention. I understand I or an authorized representative must be available to pick-up my child in the event there is unacceptable behavior or they require medical care.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_