

St. Andrew Lutheran Church
Parental Permission Form
One form youth

Activity _____ Date _____

Name _____ Date of Birth _____ Grade _____

Mailing Address _____

Town/ST/Zip _____

Email _____

Parent's Name(s) _____ Home Phone _____

Cell Phone _____

Emergency Contact _____ Ph# _____

My child is ALLERGIC/ ACTIVITY limitation _____

People Authorized to pick your child:

Name _____

Name _____

Name _____

If I or my emergency contact person are unreachable by phone, I authorize counselors and staff from St. Andrew Lutheran Church to seek emergency medical attention for my child named above, should the need arise.

Parent/Guardian's Signature _____

St. Andrew Lutheran Church, Charlestown, Rhode Island

Publication/Website Picture Permission Form

Please fill out and sign the appropriate statement to either Grant OR Refuse permission to use pictures of your children on the church website and/or for other church publicity. Please return this form to the church office.

To GRANT permission to use your child/children's pictures

I, _____ (Please print your name) GRANT permission for St. Andrew Lutheran Church to publish photos of my child(ren)

(Please print child or children's names)

In the church's various forms of publications, or on the church's website and social media. I give St. Andrew Lutheran Church the perpetual, royalty-free right to use my photo (s) in any manner including but not limited to publications and websites. I understand that both the various publications and websites have a large audience and my child's photo will be available to the general public. I further understand that St. Andrew Lutheran Church assumes no liability or responsibility whatsoever concerning any consequences of such use. I further state that I have the right to give this permission as I am the child's parent or legal guardian. I understand that if I give notice to the Pastor, church administrator, that I object to any particular picture on the website, it will be removed as soon as possible.

SIGNED _____ DATED _____

To REFUSE permission to use your child/children's pictures

I, _____

(please print your name) REFUSE to grant permission to St. Andrew Lutheran Church to publish pictures of my child(ren),

(Please print child or children's names)

In any publication or on the church's website and social media. I further state that I have the right to refuse this permission as I am the child's parent or legal guardian.

SIGNED _____ DATED _____