



3321 S. Memorial Parkway • Huntsville, AL 35801

Church 256.881.0552 School 256.881.0553 Fax 256.881.0563

Church Web site: [www.gracelutheran-hsv.org](http://www.gracelutheran-hsv.org)

School Web site: [www.gls-hsv.org](http://www.gls-hsv.org)

Church e-mail: [glc@gracelutheran-hsv.org](mailto:glc@gracelutheran-hsv.org)

School e-mail: [gls@gls-hsv.org](mailto:gls@gls-hsv.org)

## **PARENTAL PERMISSION TO PARTICIPATE IN SCHOOL ACTIVITY**

Students have many opportunities to participate in various extracurricular activities at school as an outgrowth of classroom interests or special interest clubs. Students are encouraged to participate in these optional activities. However, GRACE LUTHERAN SCHOOL CANNOT ASSUME RESPONSIBILITY FOR THE SAFETY AND WELFARE OF STUDENTS WHILE THEY ARE OFF CAMPUS BEYOND MAKING REASONABLE PROVISION FOR THEIR SUPERVISION.

Your signature below constitutes and is evidence of 1.) Your consent to permit your son/daughter to participate in the school activity; 2.) Your agreement to accept general liability for the participation of your son/daughter in this school activity; and 3.) Your agreement to waive, release, indemnify, and hold harmless GRACE LUTHERAN SCHOOL, its members, agents, and employees, from any and all claims and liability arising out of your child's participation in the school activity and transportation thereto and from as described below.

*I request that my son/daughter, \_\_\_\_\_,*

*Participate in the following school activity: **Regional Lutheran Basketball Tournament in Hickory North Carolina***

*I understand that the students will travel by **Charter Coach**, leaving at **10:30 am Feb. 20** and returning between **4:00 & 5:00 Sunday, Feb. 25***

*Chaperones will be **Mr. Cypher & Miss Behnken***

This is a school-sponsored event, and all school rules will be enforced.

*In Loco Parentis: Should my child require medical attention as a result of accident or serious illness, I do Grant any **of the above named chaperones** permission to authorize a licensed medical practitioner to render medical aid and treatment to the above-named person.*

PARENT SIGNATURE: \_\_\_\_\_

**(Please sign in Ink)**

# Emergency Information

Student's Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ S. S. Number \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Last tetanus shot \_\_\_\_\_

Medicines now taken \_\_\_\_\_

## Allergies

Medicine \_\_\_\_\_

Food \_\_\_\_\_

Any present medical conditions \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

(Attach copy of any needed insurance cards)

Primary person responsible for medical payments \_\_\_\_\_

Name of friend or relative to be contacted in the event of an emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_