

Faith in Christ T.N.T Ministry Teen Servants 2017-18

Teen's Name _____ Date of Birth _____

Age _____ Grade _____ School _____ T-shirt size _____

Home Church _____

Parent/Guardian's Name(s) _____

Street Address _____ City and Zip _____

Phone Number(s) where parent(s) can be contacted _____

** In case of an emergency, please contact _____

at _____ (relationship to child: _____)

~~~~~

**Medical Release**

Health problems/Allergies \_\_\_\_\_

Special Needs/Restrictions \_\_\_\_\_

Pediatrician \_\_\_\_\_ Phone # \_\_\_\_\_

**Part I to GRANT consent:**

My teen, named above, has permission to attend trips and special events sponsored by the TNT Ministry of Faith in Christ Lutheran Church. In the event of illness or accident, if the parent or guardian cannot be contacted, I authorize Faith in Christ, or its agents, to consent to any diagnosis, examination, treatment, or hospital care for my teen which is deemed advisable by, and is rendered under the supervision of a physician. I release Faith in Christ and its agents from responsibility in the case of an accident or illness in connection with any authorized Faith in Christ TNT Ministry activities.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Do NOT complete Part II if you have completed Part I)**

**Part II refusal of consent:**

I do not give consent for emergency medical treatment of my teen. In the event of illness or injury requiring emergency treatment, I wish authorities to take no action or to: \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

~~~~~

TNT may take photographs of my teen and display those pictures in the program's DVDs, youth bulletin board & any other Faith in Christ related publications, including website and Facebook.

Signature of parent/guardian _____ Date _____