



Fox River Lutheran Church
2785 E US 52 • Sheridan, Illinois 60551

AWAKE Overnight Youth Meeting

Parental Permission & Medical Consent Form

“Let no one despise you for your youth, but set the believers an example in speech, in conduct, in love, in faith, in purity.”

— 1 Timothy 4:12 (ESV)

Event Information

Event Name: AWAKE – Overnight Youth Meeting

Date(s): _____

Location: _____

Check-in Time: _____

Pick-up Time: _____

Participant Information

Youth's Full Name: _____

Date of Birth: _____

Grade/Age: _____

Parent / Legal Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Permission to Participate

I, the undersigned parent or legal guardian, give permission for my child listed above to participate in the AWAKE Overnight Youth Meeting. I understand this is an overnight event including supervised activities, worship, teaching, and fellowship.

Medical Authorization

In the event of an emergency, I authorize event leaders to obtain medical treatment for my child if I cannot be reached. I understand that I am responsible for any medical expenses incurred.

Medical Conditions / Allergies: _____

Medications: _____

Photo & Video Notice (IMPORTANT)

Photos and/or videos WILL be taken during the AWAKE event for documentation and ministry purposes.

☐ I GIVE permission for my child to be photographed or recorded.

☐ I DO NOT GIVE permission for my child to be photographed or recorded.

If no box is checked, photo/video permission will be assumed. Parents opting out must notify leaders at check-in.

Release of Liability

I release and hold harmless the event organizers, volunteers, and Fox River Lutheran Church from liability for accidental injury or loss, except in cases of gross negligence.

Signature

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____