



**Holy Cross Lutheran Church - ELCA**  
**W156N8131 Pilgrim Road, Menomonee Falls, WI 53051**  
**262-251-2740 – www.holycrosslutheran.org**  
**9/1/2018 – 9/1/2019 Children's Permission Slip**  
**Behavior Standards and Expectations**

3-year-old  
-6<sup>th</sup> grade

**INFORMATION** (Please Print in Pen)

**(1) Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade:  3-year-old  4-year-old  5-year-old  K4  K5  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Holy Cross Lutheran Church Member:  Yes  No

**(2) Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade:  3-year-old  4-year-old  5-year-old  K4  K5  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Holy Cross Lutheran Church Member:  Yes  No

Address: \_\_\_\_\_  
(Street / City / State / Zip)

Phone Number: \_\_\_\_\_ School: \_\_\_\_\_

**PARENT OR GUARDIAN INFORMATION**

Child lives with:  Mother  Father  Stepmother  Stepfather  Other: \_\_\_\_\_

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

Address: \_\_\_\_\_  
(Street / City / State / Zip)

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

Holy Cross Lutheran Church Member:  Yes  No

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

Address: \_\_\_\_\_  
(Street / City / State / Zip)

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Email: \_\_\_\_\_

Holy Cross Lutheran Church Member:  Yes  No

**EMERGENCY CONTACT INFORMATION** (Parents will be contacted first, please give another name and number.)

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

## PERMISSION

- I give permission for \_\_\_\_\_, whom I am the legal guardian for; to participate in events and activities sponsored by Holy Cross Lutheran Church between September 1, 2018 to September 1, 2019.  
Exclude from the following activities: \_\_\_\_\_  
because: \_\_\_\_\_
- I give permission for photos/video/slides/PowerPoint presentations of my family members to be used in Holy Cross Lutheran Church Literature, Holy Cross Lutheran Church Website and/or other publications that spotlight the events/programs that we are participating in.
- In case of emergency: I hereby give permission to the medical personnel selected by the church staff member or staff appointed chaperone to provide routine health care, to administer medications, to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physicians selected by the church staff member or staff appointed chaperone to secure and administer treatment, including hospitalization, for the person named above. Holy Cross Lutheran Church staff will make every attempt to notify you before making a doctor's appointment or an emergency room visit for your child while they are in our care. All minor medical needs will be cared for by the staff or the staff appointed chaperone without notification to the parents.
- If any of the information on this form changes, I understand that it is my responsibility to notify the church.

I understand and give my permission:

Parent / Guardian Print Name: \_\_\_\_\_

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

## INSURANCE POLICY AND ACCIDENTS

- The church does not provide accident insurance for participants in any of its programs. All participants assume some inherent risk of injury from their involvement in the programs or activities.
- Please report any accidents, injuries or unusual incidents immediately to the staff person present. The church assumes no responsibility for injuries received while participating in activities.
- Minor injuries such as superficial wounds will be cleaned with soap and water. A band-aid or bandage will be applied for protection and an ice pack will be applied if needed. The staff will make an entry into the medical log.
- In the case of a serious accident or injury, the church staff member or staff appointed chaperone will provide first aid. The church staff member or staff appointed chaperone will contact the Emergency Medical Services system by dialing 911 when immediate help is required. The church staff member or staff appointed chaperone will contact a parent or legal guardian or, if the parent or legal guardian cannot be reached, the alternate emergency contact person. The child will be transported by ambulance to Community Memorial Hospital in Menomonee Falls or to the closest hospital in the area where the event/program is being held. A child's medical records from his/her file will go along to the hospital.
- A medical log for the church will be located by the first aid kit. Staff will record any injuries minor or severe, which occur to anyone while at church.

I understand these policies:

Parent / Guardian Print Name: \_\_\_\_\_

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

## BEHAVIOR STANDARD AND EXPECTATION GUIDELINES FOR ALL CHILDREN'S EVENTS AND MINISTRIES

The following policies have been established by Holy Cross to ensure the safety of all participants and staff. Priority is given to all children having a safe and enjoyable time.

- On an event by event basis scholarships will be made available. Families should contact Sue Christiaansen for information. It is the goal of the Holy Cross staff and the Christian Education Ministry Team that all children will be welcomed, regardless of financial need.
- Deposits paid for children's activities are non-refundable.
- Guests of children are typically welcomed to attend events/programs. Guests must register by the deadline set for the event/program using a registration form or sign up sheet and bring with them a copy of this permission slip/health form to the event. At the staff discretion a limit of one guest per member may be enforced.
- Children are to arrive no earlier than 15 minutes prior to an event/program start time and picked up no later than 15 minutes of event/program completion time.
- If a child must leave an event in progress parents must make arrangements, in advance, with staff regarding the child's transportation to or from the event.
- Clean language, respect toward others and behavior that represents our Christian faith and values, are expected at all Holy Cross Lutheran Church children's functions. If these expectations are not followed, a staff member or chaperone/guide will discipline accordingly.
- When using our church, another church or public facility, we will strive to leave it in a cleaner condition that when we found it. We will treat all property with care and respect.
- Food and drink are not allowed in the sanctuary
- As a Christian group we will strive to follow God's Word and Ten Commandments.

I understand and will follow these guidelines:

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Print Name: \_\_\_\_\_

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

**MEDICAL INFORMATION - Please supply one sheet per participating child**

**(1) Child's Name:** \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy / ID Number: \_\_\_\_\_

**Health History and Information**

**Allergies:**

- Hay fever
- Insect Stings
- Penicillin
- Peanuts / Nuts
- Milk
- Other: \_\_\_\_\_

**Diseases or Health Concerns:**

- Chicken Pox
- Measles
- Mumps
- Rheumatic Fever
- Eczema
- Diabetes
- Ear Infections
- Ear Tubes
- Seizures
- Convulsions
- Heart
- Other: \_\_\_\_\_
- Asthma
- Behaviors
- Nosebleeds
- Contact Lenses
- Migraines

Other Allergies, Health Concerns or Details of Any the Above: \_\_\_\_\_

Operations / Serious Injuries / Limitations (Date & Explanation): \_\_\_\_\_

Chronic / Recurring Illness: \_\_\_\_\_

Does child have permission to take their medications on their own?  Yes  No

- Please send all medication that may be needed during an event.
- All medications should be sent in their original containers with the label from the pharmacy.

Medication Name	Dosage	Reason for Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

You have my/our permission to give my/our child the listed over the counter medications:

Yes No	Dosage	Reason for Medication
<input type="checkbox"/> <input type="checkbox"/> Ibuprofen	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Acetaminophen (Generic Tylenol)	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Diphenhydramine Hydrochloride Antihistamine (Generic Benadryl)	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Pepto Bismol	_____	_____
<input type="checkbox"/> <input type="checkbox"/> 1% Hydrocortisone Cream (Anti-Itch)	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Triple Antibiotic Ointment	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Other: _____	_____	_____

**At this time I am choosing not to provide medication/health information and understand by doing so that if in the future medical attention is delayed because of this choice I will not hold any staff or anyone involved in the activity responsible.**

**MEDICAL INFORMATION - Please supply one sheet per participating child**

**(2) Child's Name:** \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy / ID Number: \_\_\_\_\_

**Health History and Information**

**Allergies:**

- Hay fever
- Insect Stings
- Penicillin
- Peanuts / Nuts
- Milk
- Other: \_\_\_\_\_

**Diseases or Health Concerns:**

- Chicken Pox
- Measles
- Mumps
- Rheumatic Fever
- Eczema
- Diabetes
- Ear Infections
- Ear Tubes
- Seizures
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- Heart
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<input type="checkbox"/> <input type="checkbox"/> Pepto Bismol	_____	_____
<input type="checkbox"/> <input type="checkbox"/> 1% Hydrocortisone Cream (Anti-Itch)	_____	_____
<input type="checkbox"/> <input type="checkbox"/> Triple Antibiotic Ointment	_____	_____
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