



Resurrection Lutheran School
After School Care Release Form

I, _____, parent/guardian of

(Parent/Guardian)

_____, give my permission

(Child)

for my child to attend the After School Care sponsored and supervised by Resurrection Lutheran School and its employees. My child may participate in all activities on the church property and scheduled activities off-site that require transportation. I understand that the facility will use appropriate child restraint devices and abide by all state mandated safety rules when my child is transported in a vehicle owned by the church or staff. I also understand that my child will be supervised at all times.

I release Resurrection Lutheran Church, Resurrection Lutheran School and its staff and volunteers from liability for injury to my child while in attendance, except to the extent that Resurrection Lutheran Church, Resurrection Lutheran School, its staff and volunteers have insurance for such coverage.

I authorize the After School Care Director or appointed staff member to arrange for emergency medical procedures or treatment. Emergency medical and contact information concerning my child will be taken in each vehicle.

I authorize Resurrection Lutheran School to provide a copy of my child's health record on file with the school office to the After School Care Director.

(Parent Signature)

(Date)