



St. John's Ev. Lutheran Okabena, Minnesota

ST. JOHN'S EV. LUTHERAN CHURCH AND SCHOOL

100 West Market Street
P.O. Box 98
Okabena, MN 56161



James Albrecht, Pastor
Ross Kok, Principal
(507) 853-4550

Please complete one form in pen for each student.

Name of student: _____

School year: _____ - _____

Medical Consent

In the event of a medical emergency, where I (parent/guardian) am unable to be contacted, St. John's faculty/staff members have my permission to seek appropriate medical treatment for the child listed above.

Parent/Guardian Signature: _____

Regular Prescription Medications

Please indicate one or more of the options below:

_____ My child/ward does not currently take any prescription medications on a regular basis.

_____ My child/ward is currently on the following prescription medications that are administered outside of school hours: Medications-_____

_____ My child/ward is currently on the following prescription medications that are to be self-administered during school hours: Medications-_____

_____ My child/ward is currently on the following prescription medications that are to be administered by school staff during school hours:
Medications-_____

I, as parent/guardian, ensure that the above information is correct to the best of my knowledge and agree to notify the school in writing if the administration of any medications are to be terminated. I agree to supply a note from a physician if any future prescription medications are to be administered by school staff.

Parent/Guardian Signature: _____



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Physical Education Consent

Please indicate one of the following options.

This student...

- may fully participate in physical education.
- may participate in limited physical education. (Please explain below)
- may not participate in physical education. (Please explain below)

Please explain any limitations in this student's physical activity.

Parent/Guardian Signature: _____

Extracurricular and Off Campus Consent

I hereby request and consent that my child/ward is permitted to participate in the extracurricular and/or off-campus activities conducted by St. John's Lutheran School. I understand that such activities may be conducted in the school building, on the school premises, or away from church property. The activities may be engaged in during the school hours or thereafter. I understand, further, that the activities are carried on under the auspices or sponsorship of the teacher or other congregational representatives.

Parent/Guardian Signature: _____

Media Release Consent

St. John's Lutheran School asks for your consent for the following purposes: During the school year, the media may visit the school, with school permission, to cover special events and may want to interview, photograph, or videotape your child. St. John's Lutheran Church and School may also wish to use your child's photograph, voice, likeness, or student work for promotional or educational reasons (such as publications, posters, brochures, newsletters, videos, school websites or at community events). Please sign below to indicate your consent, with the understanding that faculty and staff of St. John's does not intend to exploit their students, but to use Christian judgment in the use of any student likenesses or works.

Parent/Guardian Signature: _____