



Immanuel Valpo Musikgarten: Music Makers Afterschool

INFORMED CONSENT

My child(ren) _____ has permission to participate in the classes offered at **Immanuel Valpo Musikgarten Music Makers Afterschool**. I understand that the church, staff, and class instructor are in no way responsible for any illness, accident, or injury which may befall my child or family while we are on the church property.

Furthermore, should my child(ren) require medical attention, I give my permission for my child to be treated by a competent physician if I cannot be reached. I have received a current copy of **Immanuel Valpo Musikgarten: Music Makers Afterschool Policies** and have read, understand, and agree to the policies as stated.

I understand that an **afterschool snack** will be provided. Please note any allergies or food restrictions, or whether you intend to provide a snack for your child. _____

I understand that only **authorized adults** will be allowed to pick up my child from the school entrance promptly at 3:45. A photo-ID may be required to verify an authorized adult. Please list the name, relationship to child, and phone number of authorized adults below:

Name: _____

Relationship to child: _____ Phone: _____

Name: _____

Relationship to child: _____ Phone: _____

Name: _____

Relationship to child: _____ Phone: _____

I give my permission for photographs/videos of my child to be used in promotional materials (website or hard copy.) **YES** **NO**

#1 Emergency Contact Phone _____

#2 Emergency Contact Phone _____

Name _____

Signature _____ **Date** _____

