



## Immanuel Valpo Musikgarten Music Makers Afterschool (K-2)

### 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, in the rare event that my child(ren) should 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.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 Name/ Phone \_\_\_\_\_

#2 Emergency Contact Name/ Phone \_\_\_\_\_

### ALLERGIES

I understand that the family is responsible for packing an afterschool snack. However, the teacher may offer an occasional treat that corresponds to the class theme.

Please list any allergies or other relevant health considerations that could impact your child's participation in class: \_\_\_\_\_

### ADULTS AUTHORIZED FOR PICK-UP

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: \_\_\_\_\_