

Confirmation classes are scheduled to volunteer at Feed My Starving Children in Eagan on Wednesday November 9<sup>th</sup>. Please have your student at the church at 1:00pm sharp. Please complete the permission form below to authorize your child to attend and to allow volunteers and staff to transport your child to Eagan. Also, be sure to indicate if your child needs a ride from the school to the church. This is considered a scheduled confirmation event.



- 1:00 PM Leave Church.
  - 2:30 PM to 4:30PM Assemble food packages at Feed My Starving Children's Eagan, MN location.
  - 4:30 PM Head back to church with a stop for dinner. (Please bring \$5 for food.)
  - 6:30 PM Expected return time. Phone will be available.
- 

## Parental Authorization Form (PAF)

First Evangelical Lutheran Church of Rush City, 1000 South Jay Avenue, P.O. Box 73 Rush City, MN 55069

Phone: 320-358-407 · Fax: 320-358-3365 · e-mail: [youth@rushcityfirstlutheran.org](mailto:youth@rushcityfirstlutheran.org)

**My child will need a ride from school to the church. Yes No**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_ Phone: \_\_\_\_\_

School \_\_\_\_\_

Is child under a doctor's care or taking any medications? \_\_\_\_\_

Known allergies , disorders or disabilities:

---

**For Parent(s) or Guardian(s):** I give my permission for my child to take part in the Feed My Starving Children volunteer opportunity in Eagan, MN.

In consideration of the opportunity for my child to participate and fully recognizing that such as undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless The Evangelical Lutheran Church of America (ELCA) and/or First Evangelical Lutheran Church of Rush City, and any staff or volunteers. Any of said persons shall not be held financial responsible for any injury, illness or death as a direct or indirect result of this activity.

WE, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS AND EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. WE UNDERSTAND THAT THERE IS NO MEDICAL INSURANCE PROVIDED BY THE PARISH OR THE EVANGELICAL LUTHERAN CHURCH OF AMERICA.

In the event of an emergency and I cannot be contacted, I hereby authorize that emergency treatment may be administrated.

Signature of Parent or Guardian\_\_\_\_\_Date\_\_\_\_\_

Phone number:-\_\_\_\_\_

Signature of Parent or Guardian\_\_\_\_\_Date\_\_\_\_\_

Phone number:-\_\_\_\_\_