Halfway Creek Lutheran Church — Sunday School Release Forms 2026–2027

Parent/Guardian: _____ Phone: _____

Child 1: _____ Child 2: _____

Child 3: _____ Child 4: _____

1. Child Dismissal Release

- **Kindergarten or Younger** *(Must be picked up by a parent, adult, or sibling in Grade 3+)*:
  - [ ] Parent
  - [ ] Sibling (Grade 3+): _____
  - [ ] Authorized Adult: _____
- **1st – 5th Grade**:
  - [ ] My child may leave at the end of class without a parent.
  - [ ] My child may **NOT** leave class without an adult.
    - Authorized Adult Pick-up: _____

2. Medical Release

If my child(ren) experiences a medical emergency during an activity (where I understand I will be contacted as soon as possible) and I am absent or unreachable, I authorize an adult leader to obtain and consent to any medical treatment determined necessary by a qualified practitioner.

3. Photo & Video Release

I understand that photos or videos may be taken during Sunday School activities for church publications, websites, and promotional materials. I waive the right to inspect final media and release Halfway Creek Lutheran Church from liability.

- [ ] **YES**, I agree to the photo release.
- [ ] **NO**, I do not agree to the photo release.

Parent/Guardian Authorization & Signature

By signing below, I acknowledge that I have read, understood, and agreed to all of the above selections (Dismissal, Medical, and Photo Release).

Signature: _____ Date: _____