

## Riverbend Lutheran Church Kingdom Quest FOIP Form

I hereby give consent for \_\_\_\_\_

to be photographed by Riverbend Lutheran Church. I agree that photos or videos of them can be used during Kingdom Quest and as part of the advertising and promotion of the program. I also agree that these photos and videos may be displayed on our church website.

\_\_\_\_\_  
Signature of Parent/Legal Guardian or Independent Student

\_\_\_\_\_  
Date

## Riverbend Lutheran Church Kingdom Quest First Aid Permission Form

I, \_\_\_\_\_, give permission  
for my child(ren), \_\_\_\_\_, to receive appropriate first aid  
from qualified staff members in the event of accident or injury, and to be transported to the  
hospital or doctor's office for needed medical care.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date