

Youth Permission Form St. Paul's Lutheran Church

Event Name _____ Event Date(s) _____

Name of Participant _____

I give permission for my son/daughter to participate in this youth event, which will involve leaving the church property, with transportation to be provided by employees and or parents of the youth. I also authorize a representative of St. Paul's Lutheran Church to consent to and authorize the administration and performance of all treatments that may be considered necessary in the judgement of attending physicians, in the case a youth is admitted to any hospital, or be in need of any medical treatment. This authorization shall continue for such time that the youth is participating in this event.

Signed _____ Date _____
(parent or guardian if participant is under 18 years)

(family insurance company and policy number)

Allergies _____

Medications _____

Special Restrictions (dietary, physical activity, etc.) _____

PERSONS TO NOTIFY IN AN EMERGENCY:

1. _____ Phone _____

2. _____ Phone _____

No one will be permitted to attend this event without a signed permission release form.