

PROGRAM PERMISSION SLIP

For September 1, 20____ through August 31, 20____

Please return your completed form to the church office. Thank you.

Youth Name: _____ Birth date: _____

Phone: _____ E-mail: _____

Address: _____

School: _____ Phone: _____ Grade: _____

School address: _____

►Parent/guardian name 1: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-Mail: _____

►Parent/guardian name 2: _____

Home phone: _____ Cell phone: _____ Work phone: _____

E-Mail: _____

►Allergies: _____

Other medical conditions: _____

Doctor's name: _____ Phone: _____

Address: _____

Insurance company, group and id numbers: _____

►Please provide names of persons to contact if a parent/guardian cannot be reached:

Name 1: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Name 2: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Name 3: _____

Home phone: _____ Cell phone: _____ Work phone: _____

►The youth named above has my permission to participate in the ST. MARK'S LUTHERAN CHURCH youth ministry events and activities from September 1, 20____ through August 31, 20____, inclusive. I also understand that ST. MARK'S LUTHERAN CHURCH and its representatives are not liable should injury come to my child. I give permission for emergency medical care to be given by a hospital should my child need such treatment before I am contacted.

Signed: _____