

**2017 - 2018 Annual Permission to Participate Form  
Peace Lutheran Church Youth Group**

**Youth Participants Name** \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Fathers Name/or Guardian** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Mothers Name / or Guardian** \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Medical Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Emergency Contact other than Parent**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Special Notes, Concerns, Injuries or Allergies** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY RELEASE:** I give my child permission to participate in events sponsored by the Youth Group of Peace Lutheran Church and held on church property. It is my understanding that if my child or charge is ill or injured, I will be contacted in person at the location (s) or phone number (s) provided on this sheet. If however this is not possible, I do grant Peace Lutheran Church Youth Leaders or chaperones permission to authorize emergency medical treatments recommended by the treating health care provider until such time as I am notified.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

An additional permission form will be used for any activity overnight or away from church property.