

**2018 - 2019 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.