

First Lutheran Church — Parental Permission

Event:

Date:

Time:

Location:

Phone:

Arrangements for Transportation:

Date and Time of Departure:

Place of Departure: First Lutheran Church

Date and Time of Return:

Place of Return: First Lutheran Church

Type of Transportation: cars/vans

Advisors accompanying the group:

Each person will need:

Expenses:

Other:

(This section must be signed and returned to the church before your child will be included in this activity.)

_____ has permission to attend the _____.

During the activity, I may be reached at:

Address:

Phone:

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name and address:

Relation to participant: _____ Phone:

Physicians' Name and Phone Number:

Additional remarks:

In the event reasonable attempts to contact me at _____ (phone number) or (other parent/guardian)

_____ at _____ have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) _____ or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

I ALSO RELEASE FIRST LUTHERAN, THE CONGREGATION COUNCIL, THE BOARD OF YOUTH, AND ANY RELATED CHURCH ORGANIZATION OR GROUPS, INCLUDING THEIR HELPERS/DRIVERS, FROM ANY PROPERTY DAMAGE AND/OR PERSONAL INJURY.

Date: _____

Parent's Signature: