

Our Savior Lutheran Church

Youth Group Activity

Parental Permission Slip

I, _____, the parent/legal guardian of
_____ give permission for him/her to attend
the following activity:

Event: _____ Date: _____

I also give permission to Natasha Bowlds, Dave McGuffey, George Mahler, Donna Dark, or Michele Racine, to act in my behalf and make decisions in the event that emergency medical service is required. In the event that a medical emergency is life threatening, I understand that the (above named) youth will be taken to the nearest emergency room. I may be contacted at the following numbers for additional guidance:

_____, _____, _____
(Enter home, cell, pager or emergency point of contact telephone numbers)

κ I have already provided OSLC with up to date insurance information.

κ My youth's insurance information in case of an emergency is as follows:

Address: _____

Youth's birthday: _____ Social Security Number: _____

Health Insurance Company: _____ Policy Number: _____

Health Insurance Point of Contact telephone number: _____

Doctor's Name: _____ Phone number: _____

(Over)

Contact information (please detach and keep)

Natasha Bowlds (cell) 301 980-8994

Dave McGuffey (cell) 301 332-8280

George Mahler (cell) 240 475-6165

Donna Dark (cell) 410 868-4073

Michele Racine (cell) 301 741-5365

Other _____

I understand that drivers will be transporting my child off the church property. All drivers are members of the church who are at least 21 years old. Our Savior Lutheran Church and its leaders will not be held liable for any injury or loss of personal property as a result of participating in this activity.

Printed name of parent of legal guardian: _____

Signature of parent or legal guardian: _____

Date: _____

I agree to participate in this activity with a positive attitude. I will follow the directions of the adult chaperones. I will also not participate in any activity that unnecessarily endangers my safety.

Signature of youth: _____

Date: _____