



Trinity Lutheran Youth Permission Slip

This document is valid and in full effect for any/all Trinity youth sponsored events and activities.

Permission/Medical Release for:

Name _____ Phone _____

Address _____ City _____

Zip Code _____ Birth Date ____/____/____

Grade _____

Parent/Guardian Names _____ Phone(s) _____

Emergency Contact:

Name _____ Relationship _____ Phone(s) _____

I give permission for my child to join the youth of Trinity Lutheran Church, Stevens Point, WI in any youth group activity organized by the church, its staff and sponsors. I hereby release them from responsibility and liability for any illness or injury my child may sustain during the activity. In the event of an emergency, every effort will first be made to contact me or one of the emergency contacts noted on this form. In the event I or another representative are unable to be reached, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray, examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, dentist (as appropriate), licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent/Guardian's Signature

Date (Mo, Day, Yr)

Allergies _____

Current Medications _____

Additional Concerns _____

Medical Insurance Comp _____

Name of Policy Holder _____ Group/Policy # _____