

**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, or Donna Dark 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)

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

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

Address: \_\_\_\_\_

Youth's birthday: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Health Insurance Point of Contact telephone number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

(Over)

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Contact information (please detach and keep)

Natasha Bowlds (cell) 301 980-8994

Donna Dark (cell) 410 868 4073

I understand that drivers will be transporting my child off the church property. All drivers are screened volunteers according to the OSLC youth policies, 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: \_\_\_\_\_