Our Savior Lutheran Church

Youth Group Activity Permission Slip

EVENT: _____ DATE(S): _____

I, _____, the parent/legal guardian of _____
Parent/Legal Guardian's Name *Youth/Participant's Name*

give permission for this youth to participate in the above named activity. I understand that: drivers will be transporting this youth (if the event is occurring off OSLC's property); all drivers are volunteers screened according to the OSLC youth policies; and, all drivers are at least 21 years old. OSLC and its leaders will not be held liable for any injury or loss of personal property as a result of participating in this activity. I give permission to the Director of Christian Education **(Fox Wilmot 301-943-6680/Mobile)** or the appointed designee to act on 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.

TELEPHONE NUMBERS

	Name	Phone Number
Parent/Legal Guardian		
Parent/Legal Guardian		
Emergency Point of Contact		
Other Number *(Optional)*		

EMERGENCY MEDICAL & HEALTH INSURANCE INFORMATION*

Participant's Home Address:	
Participant's Date of Birth:	
Known Allergies or Health Concerns:	
Health Insurance Company:	**Policy Number:**
Health Insurance Point of Contact Telephone :	
Doctor's Name:	**Doctor's Phone Number:**

☐* ***OR,*** check this box to indicate that you have provided OSLC with up to date medical and health insurance information in the last 12 months.

YOUTH/PARTICIPANT AGREEMENT

I agree to participate in this activity with a positive attitude. I will follow the directions of the adult chaperones. I will not engage in any activities that unnecessarily endanger me, or anyone else's safety.

X _____

Youth/Participant's Signature *Date*

PARENT/LEGAL GUARDIAN SIGNATURE

X _____

Parent/Legal Guardian's Signature *Parent/Legal Guardian's Name—Printed* *Date*