

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 Youth Ministries (**Natasha Bowlds, 301-980-8994/Cell**) or the appointed designee 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.

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