

Permission Slip for:  
**MOUNT CALVARY LUTHERAN CHURCH**  
Youth Activities On & Off Church Property

Effective September 1, 2009 - May 31, 2011

Name of Youth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Parent's Names \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

**EMERGENCY INFORMATION:**

In case of an emergency and the person above cannot be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_

**MEDICAL INFORMATION:**

Insurance Co: \_\_\_\_\_  
Group ID No: \_\_\_\_\_

Are there any special diets, allergies, medications or restrictions of activities we need to be aware of? If so, what? \_\_\_\_\_  
\_\_\_\_\_

I/we realize that while participating in church events, alcohol consumption, smoking, chewing of tobacco and inappropriate behavior are not allowed. If violated, the youth will call his/her parents and the parents will come to the activity and take the child home.

As a parent/guardian, I give my permission for my child to participate in church events and authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I release Mount Calvary Lutheran Church of any liability.

Signature of Youth: \_\_\_\_\_  
Signature of Parent/guardian: \_\_\_\_\_

\_\_\_\_\_ I give my/our permission for Mount Calvary Lutheran Church to include my child's photo on the church website ([www.mountcalvary.org](http://www.mountcalvary.org)) or in print. I understand that my child's name will NOT be used in conjunction with the photo.

Signature of Parent/guardian: \_\_\_\_\_  
Date: \_\_\_\_\_