

# *Permission Slip for Youth Activities Off the Church Premises Of Custer Lutheran Fellowship*

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**Please print the following information:**

Participant name \_\_\_\_\_ Parent/guardian name \_\_\_\_\_  
Address \_\_\_\_\_ City, state, zip \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Family insurance carrier \_\_\_\_\_ Policy number \_\_\_\_\_  
Participant SSN \_\_\_\_\_ Emergency Number other than parents \_\_\_\_\_

**Health History** – please complete so that health providers can be aware of your needs:

Medical conditions      1. \_\_\_\_\_ 2. \_\_\_\_\_  
Medication allergies    1. \_\_\_\_\_ 2. \_\_\_\_\_  
Food allergies            1. \_\_\_\_\_ 2. \_\_\_\_\_  
Current medications     1. \_\_\_\_\_ 2. \_\_\_\_\_  
and dosages

Any restrictions of activity? If so, please explain: \_\_\_\_\_  
\_\_\_\_\_

Check if additional information is provided on the back of this form

Please copy the front and back of participant/cardholder's insurance card in the space below:

I, the parent or guardian of \_\_\_\_\_, give permission for him/her to participate in church events and authorize any medical treatment which may be necessary under the circumstances that I cannot be reached.

I release Custer Lutheran Fellowship of any liability.

Participant signature \_\_\_\_\_ Parent/guardian signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_

*Our mission is to plant the word of God, nurture growth in children and adults  
and to scatter the seeds of joy in a diverse community.*