

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

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.*