

HOPE LUTHERAN YOUTH – PERMANENT PERMISSION SLIP

Youth Name: _____

Address: _____

Home Phone: _____

Youth Cell Phone: _____

Youth E-mail: _____ @ _____

Parent E-mail: _____ @ _____

Grade _____ School District: _____

Birthday: ____ / ____ / ____

2017 – 2018 PERMANENT PERMISSION SLIP

By signing this form, I give my son/daughter permission to attend or leave the premise of the church with Hope’s youth group for a 1-3 day event. Using this form will eliminate the numerous slips that are usually sent home. However I understand that I may choose to fill out a new form for each trip or event. By signing I also permit youth leaders to contact me or my child using any information I have filled out on this form, including my child’s email and cell phone number. If I do not permit this I understand that I may leave these items blank. This permission slip will remain in force until September 2018.

1. Parent’s Name(s) _____ Cell Phone: _____

2. Parent’s Name(s) _____ Cell Phone: _____

If I cannot be reached, please contact...

Emergency Contact Number: _____

Name of Emergency Contact Person: _____

Medical Restrictions, Allergies, Medications: _____

Other Information:

Are we allowed to give your child Tylenol upon their request? Yes No

Youth’s Signature: _____ Date: ____ / ____ / ____

Parent’s Signature: _____ Date: ____ / ____ / ____