

Hope Lutheran Youth Group Event Permission Slip

I give permission for my child, _____, to attend the function listed below. I also authorize the adult responsible for this youth from Hope Lutheran Church in Atascadero, California to seek or provide medical care, or surgical care, including care rendered through the facilities of a physician or hospital for my child, _____, in the event that an emergency arises and it becomes necessary for a physician to attend to my child and I cannot be reached for consultation.

Full Name of Youth: _____ **Youth's Date of Birth** _____
(PLEASE PRINT CLEARLY)

_____ on _____
(Function and Location) **(Date)**

Signature of Parent **Date**

Relationship to Child **Emergency Phone # for Contact**

Home # **Work #** **Home Address**

Another family member or friend who could be called if parent cannot be reached:

Name **Relationship** **Phone**

INSURANCE INFORMATION

Physicians Name: _____ Phone #: _____

Health Plan: _____ Group #: _____

SPECIAL MEDICAL, HEALTH, OR ALLERGY INFORMATION WE SHOULD KNOW:

