

St. John Lutheran Youth General Youth Permission Slip

I hereby give my son/daughter(s) _____ permission to
(Youth's Name)

attend the Youth Ministry event: _____ on _____
(Event Name) (Event Date)

This signed agreement absolves the chaperons of St. John's Lutheran Church of any responsibility for the safety and well being of the child named above, beyond such matters as may be called reasonable care for children in the custody of the chaperons and subject to their clear instructions, and assumes personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above-named child during the time of the specific activity as set forth at the beginning of the paragraph.

In the event of an emergency where medical treatment is required I give permission to the church staff or chaperons to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Home Phone Number: _____

Emergency Contact Number: _____

Comments or medical information:

Parent/Guardian Signature

St. John Lutheran Church and School
6630 Southeastern Ave.
Indianapolis, IN 46203
317-352-9196