

Youth Permission Slip
St. Matthew Lutheran Church
1700 Edmonds Ave. NE
Renton, WA. 98056
425-226-2420
www.smlc.cc

I hereby give my permission for _____ to attend all events sponsored by St. Matthew's youth ministry.

Parent/Guardian Signature: _____

Address: _____

Phone: _____ **Emergency Phone:** _____

Email address: _____

Please indicate any restrictions or conditions the youth leaders should be aware of (i.e. allergies, medical conditions, regular medications, etc.): _____

Medical Care Authorization

I, _____ the parent/legal guardian of _____, hereby authorize any necessary hospital care or medical and surgical procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by a physician to safeguard my child's health in the event that I cannot be contacted. I waive my right of informed consent for such treatment.

Signature of Parent/Guardian: _____

Child's Date of Birth: _____

Doctor: _____ **Phone:** _____

Insurance Provider: _____

Insurance ID/Group Number: _____

_____ (please initial) I give permission for St. Matthew to use pictures of my child in church publications or on the church website.