



# Emanuel Lutheran Church

179 East Main Street, Patchogue NY 11772 631.758.2240 Lutheran Church - Missouri Synod

## Emanuel Lutheran Youth Group Permission Slip

I grant permission for my son/daughter, \_\_\_\_\_ to attend various field trips organized by Emanuel Lutheran Church. My consent will embrace all such trips of which I am notified, unless I specifically inform the church that my child is not to attend a scheduled event. This permission slip will embrace only short day trips. Separate permission is required for, all day trips, mission trips, overnight trips or confirmation trips.

We hereby grant permission for our son/daughter to participate with the understanding that adequate and appropriate supervision will be provided. We recognize, however, that unanticipated situations and problems can arise on any trip, which situations or problems are not reasonably within the control of the supervising staff and volunteers. We further agree to release and hold harmless Emanuel Lutheran Church, their agents, employees, and volunteers, from any liability, claims, suits, demands, judgments, costs, interest and expense (including attorney's fees and cost) arising from such activities, including any accident or injury to the student and the cost of the medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the staff and volunteers to attend to my son/daughter. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising staff and volunteers to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on the trip and I cannot be located.

In event that a student must return to Emanuel Lutheran Church independently for health reasons, accident, failure to conform to rules established by the staff and volunteers, we agree to accept full responsibility for and to pay for the cost of medical care, transportation, and other incidental expenses.

\_\_\_\_\_  
Parent or Guardian Name in Print

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date Signed

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In Parents are not available please call relative below:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Any additional comments about your child's medical history, allergies, penicillin or drug reactions, etc., which might be needed in the case of treatment:

\_\_\_\_\_  
\_\_\_\_\_

Medications Taken by Youth \_\_\_\_\_

Parent or guardians insurance company \_\_\_\_\_

Parent or guardians insurance company address \_\_\_\_\_

Parent or guardians policy number \_\_\_\_\_