

**Dr. Martin Luther Church
Permission Slip and Emergency Consent Form**

Name _____ Phone _____

Address _____

School _____ Grade _____

_____ has my permission to attend _____.

I will only send my child if she\he is in good health. Any special health conditions, allergies, or medications are explained on the reverse side.

By signing this release form, I hereby authorize the pastor, youth director, or recognized chaperone of Dr. Martin Luther Church to authorize emergency medical services for my child in the event of accident or injury, and I release them from any and all liability in the event of accident, injury, and theft. I understand that I will also be contacted promptly if such arises.

I understand that any behavior unbecoming of Christian youth is grounds for restriction or for the immediate return of my child from youth activities, and that I may be requested to provide for the immediate return of my child to home.

Signed: _____ Date: _____

Relationship to Participant: _____

I understand that any behavior unbecoming of Christian youth is grounds for my restriction or return from youth activities.

Date _____ Signed: _____

Youth

Emergency Information:

Emergency phone numbers to be reached at: Home: _____

Cell: _____

Insurance Co: _____ Policy # _____