

PERMISSION SLIP

Name of Lands Youth: _____

Parent/Guardian Name: _____

Phone number(s): _____

Emergency contact and phone: _____

Name of Guest: _____

Parent/Guardian name: _____

Phone number(s): _____

Emergency contact and phone: _____

I give my child (and his or her guest) permission to participate in a Lands Lutheran Church sponsored event. I give my permission for the church to obtain the services of a licensed physician for my child in the case of a medical emergency. I understand that every effort will be made to notify me in the event of such emergency.

Signature: _____

(Parent / Guardian)

Date: _____