

St Mark Lutheran Church

Youth Group Activity

Youth & Parental Permission Slip

I, _____, the parent/legal guardian
of _____ give permission for him/her to attend the following
activity:

Event: _____ Date: _____

I also give permission to Kandi Anderson to act in my behalf and make decisions in the event that
emergency medical service is required. In the event that a medical emergency is life threatening, I
understand that the (above named) youth will be taken to the nearest emergency room. I may be
contacted at the following numbers for additional guidance:

_____, _____, _____

(Enter home, cell, or emergency point of contact telephone numbers)

I have already provided St Mark Lutheran Church with up to date insurance information.

My youth's insurance information in case of an emergency is as follows:

Address: _____

Youth's birth date: _____ Social Security Number: _____

Health Insurance Company: _____ Policy Number: _____

Health Insurance Point of Contact telephone number: _____

Doctor's Name: _____ Phone number: _____

Contact information (please detach and keep)

Kandi Anderson (cell) 605-261-5380

Other _____

I understand that drivers will be transporting my child off the church property. All drivers are members
of the church, who are at least 21 years old. St Mark Lutheran Church and its leaders will not be held
liable for any injury or loss of personal property as a result of participating in this activity.

Printed name of parent of legal guardian: _____

Signature of parent or legal guardian: _____

Date: _____

I agree to participate in this activity with a positive attitude. I will follow the directions of the adult
chaperones.

I will also not participate in any activity that unnecessarily endangers my safety.

Signature of youth: _____

Date: _____