Good Shepherd Youth Ministry
Permission Slip for General Use

I give my permission to _____ to participate in
Child/youth's name

Event: Snowtubing at Campgaw Event Date: January 21, 2012

Date of Child/Youth's Birth: _____

Allergies: _____

Please inform us if this student requires any medication(s) or has special needs.

_____

_____

Family Doctor: _____ Phone: _____

Date of last Tetanus Booster: _____

Insurance Carrier: _____ Policy #: _____

Parent or Guardian's Name (printed): _____

Home Phone: _____ Cell Phone: _____

Secondary, emergency contract (name): _____

Relationship to Child/Youth: _____

Phone # of secondary, emergency contact: _____

To Whom Shall Your Child/Youth Be Dismissed? Name: _____

This form authorizes any emergency treatment for my child/youth in the event I cannot be readily located to give permission. My signature signifies that I will hold Good Shepherd Lutheran Church, Pearl River, New York, and its representatives harmless from the injury or illness unless caused by the custodial authority.

_____ _____
parent/guardian signature *date*