

# GRACE LUTHERAN CHURCH PERMISSION SLIP

Event Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Grade \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parents/  
Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Work Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Emergency Name \_\_\_\_\_ Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Physician/Clinic: \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Allergies/Health Concerns: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Group # \_\_\_\_\_ Member # \_\_\_\_\_

My child has permission to attend and be transported to and from the above-named event. In case of an emergency, I understand every effort will be made to contact parents/guardian or the emergency name listed above. In the event none of the above can be reached, I hereby give permission to the physician selected by the youth director(s), pastor(s), or other paid staff of Grace to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

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

Date \_\_\_\_\_

Turn Form Over

Bring signed permission slip to event.

## Grace Lutheran Church Extended Permission Form

Grace Lutheran Church wishes to provide all youth with loving, fun and safe environments in which to explore their faith. It has always been this church's policy that no youth may bring any illegal drugs, alcohol, tobacco, weapons or other inappropriate materials on youth events. It has also been our policy that should any youth be found with such items in their possession while on a youth event, they would be subject to immediate disciplinary action, which may include being sent home at the parents/guardians expense.

In order to effectively carry out these policies, if there is reasonable suspicion that a youth has in his/her possession illegal drugs, alcohol, tobacco, weapons or other inappropriate materials, the youth director, pastor or other paid staff member of Grace Lutheran Church will take appropriate measures to enforce the above stated policies, which may include searching luggage and/or other personal items. This will be done in the presence of one other adult and the youth, and will only be carried out if there is reasonable suspicion that such items are present.

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I, the legal parent/guardian, do hereby give permission for the youth director(s), pastor(s), or other paid staff of Grace Lutheran Church to carry out the actions outlined above. I understand that this policy is in place to ensure a healthy environment for all youth and that this will only be carried out if deemed absolutely necessary.

Parent/Guardian Signature \_\_\_\_\_

Youth attending event \_\_\_\_\_ Date of event \_\_\_\_\_