



## PERMISSION FORM

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Youth cell phone # and/or email (optional): \_\_\_\_\_

Parent/Guardian 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address 1. \_\_\_\_\_ 2. \_\_\_\_\_

City, State, Zip 1. \_\_\_\_\_ 2. \_\_\_\_\_

Home Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

Cell Phone 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email 1. \_\_\_\_\_ 2. \_\_\_\_\_

I, parent or legal guardian of the youth listed above, a minor child/ward, in consideration of said youth being permitted to participate in any youth activity, trip, overnight event, confirmation outing, or miscellaneous youth activity organized by Mount Calvary Lutheran Church, hereby agrees as follows:

1. Said youth and I have been provided with and understand the schedule, itinerary and rules for said trip(s) and/or event(s).
2. I understand that said child/ward is to abide by the rules for the event and that if said child/ward violates any of these rules or demonstrates conduct during this trip that is otherwise unacceptable to the chaperones and/or leaders, he/she may be sent home, at my cost, and may not be allowed to participate in this or in further trip/youth activities.
3. I give permission for the above named child/ward to participate in all activities and events on these events/trips with the assistance and guidance of the chaperones and leaders. I understand there are unforeseen hazards in any activity and accept all responsibility for any injuries incurred or inflicted upon my child/ward. I release and hold harmless Mount Calvary Lutheran Church and any of its authorized personnel involved in any way with this trip in which my child/ward is participating. I agree that except in the event of willful neglect or willful injury inflicted by Mount Calvary staff, chaperones or volunteers, I will bring no claims, demands or litigation against any of the above, for any economic or non-economic loss due to bodily injury, death or property damage as sustained or caused by my child/ward arising from or in relation to participation in this trip. I give permission for my youth to ride in any vehicle designated by Mount Calvary and those adults working with the youth program.
4. In the event of illness or injury, I hereby authorize a representative of Mount Calvary Lutheran Church to give consent for medical/dental treatment for my child/ward. In case of an emergency, I understand that every effort will be made to contact me as the parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child/ward. I will assume responsibility for all expenses incurred during this treatment. I will also pay for any transportation costs should it become necessary due to a medical situation to bring my child home. All medical information provided is accurate and the information can be used by the Mount Calvary Lutheran Church chaperones/leaders. If medical information should change, I understand it is my responsibility to notify Mount Calvary of the new information.

### MEDICAL INFO:

Allergies or pre-existing medical conditions \_\_\_\_\_

Any current Prescriptions (please include medication, dosage and any other instructions):

\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_