

Bethany Lutheran Youth Permission Slip 2016-2017

Youth Name _____ Date of Birth _____ Youth's Cell Phone _____

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Parent/Guardian Name _____

Home Address _____

2nd Guardian/Address, if applies _____

Home Phone _____ 2nd home phone _____

Parent's Business Phone _____ Other Business _____

Parent's Cell Phone _____ 2nd cell phone _____

I give my Teen(s), permission to participate in all Bethany Lutheran Youth Group activities from Sept. 2014- Sept. 2015. In addition, my teen has permission to ride in the vehicle of an adult Youth Leader or in the Bethany Lutheran Church van. I understand that my teen(s) will be obligated to abide by the rules of this church and any off-site establishments, as well as those imposed by the Bethany Youth Leaders. Further, I authorize the Bethany Youth Leaders or Chaperones to act as guardian of my child while participating in activities at the church and off-site.

EMERGENCY MEDICAL TREATMENT: In the event of serious illness or injury to my child, I consent to the administration of emergency medical care, if in the opinion of attending medical personnel such action is advisable. I give permission for the release of medical records in the event that my child requires medical attention. I understand that every effort will be made to contact me, however if I cannot be reached, I hereby give permission to the physician or credible medical professional available to secure appropriate medical treatment for my child.

In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital.

In the event of any emergency, if you are unable to reach me at the above numbers, please contact:

Name: _____ Phone Number: _____

OPTIONAL MEDICAL INFORMATION:

Medication my teen can have, ex: aspirin, Tylenol, ibuprofen, other _____

Medication my child is taking at present _____

Family Health Plan carrier/number _____

Family Doctor _____ Phone Number: _____

As Parent or Guardian, I agree not to hold Bethany Lutheran Church liable for any injuries incurred by the teen(s) of this form and I agree to all of the above stated considerations and conditions.

Signature

Date

The following **bylaw was passed** at our annual meeting on January 19, 2014.

“It shall be the policy of Bethany Lutheran to have at least two adult chaperones at all youth events pertaining to Bethany Lutheran Church.”