

Union Lutheran Church Permission Form

I _____ (parent/guardian—PRINT)

Do hereby give permission for _____ (name of youth—

PRINT) to attend the Union Lutheran Church

(name of event) _____ on

(date/s) _____ at (place) _____.

MEDICAL RELEASE

In the event of an emergency where medical treatment is required, I give permission to the Church Staff or Leaders to obtain the services of a licensed physician or hospital. Please attempt to notify me immediately concerning any such emergency.

Name of Youth: _____

Home Address: _____

Phone: (home) _____ (business) _____

Person to Notify: _____

Comments on Medical
Restrictions/Allergies: _____

Signature (parent/guardian): _____

Date: _____

Medical Insurance Carrier: _____

Group Number or ID Code: _____

**PLEASE RETURN THIS FORM AND any co-payment* TO THE OFFICE
ASAP**

*If you need assistance with the co-payment, please talk with a Pastor