

Union Lutheran Church Permission Form

I _____ (parent/guardian – PRINT)

Do hereby give permission for _____ (name of student – PRINT)

to attend planned events at ULC and off campus for the program year September 2011
to August 2012.

MEDICAL RELEASE

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

Name of Student: _____

Home Address: _____

Phone: (Home) _____ (cell) _____

Person to Notify: _____

Comments on Medical Restrictions/Allergies:

Signature (parent/guardian): _____ **Date:** _____

parents' email address: _____ child's email address: _____

Medical Insurance Carrier: _____

Group Number or ID Code: _____

Parents, the permission/medical release forms will be carried by chaperones during off-campus activities. Every effort will be made to keep this information confidential.

Please return to the church office.