

Gloria Dei Lutheran Church
3014 McKinley St NE, Minneapolis, MN
Release of Information & Permission Slip

Confirmand/Youth's Permission Slip

I here by give my permission for:

Name of Confirmand/Youth: _____

To attend _____ on (Date) _____

We will meet at the church at _____ (please let Kathy Ek know if you are not going to be meeting at the church 763-788-0188) and return for pick up at _____

Cost (to be paid prior to event unless otherwise specified): _____

Name of Parent/Guardian: _____

Phone Number: _____

Medical problem's that we need to be aware of: _____

Who to contact in case of an emergency: _____

Phone Number: _____

Be advised that Gloria Dei Lutheran Church or its representatives are not responsible for any injuries or illness incurred while above youth is participating in a Youth event. I give my permission to the youth group counselor's to take whatever emergency measures are necessary while my child is under their supervision. I will be responsible for any expenses incurred for medical treatment or transportation by an emergency vehicle. It is understood that in some medical situations the local emergency resources may need to be contacted before the child's parent/guardian or physician can be reached.

Date: _____

Signature of Parent/Guardian: _____

Please bring this with you when you attend the event.