

Temporary Permission Form

Messiah Lutheran Church Youth Ministry

Date _____

My child, _____, has my permission to go to

with the youth and counselors of Messiah Lutheran Church on _____.

I will not hold anyone involved liable.

In case of an emergency, Messiah Staff or a Messiah youth counselor has my permission to seek medical care for my child.

In case of an emergency, I can be reached at _____.

My child is allergic to _____.

My insurance company is _____.

My policy number is _____.

Parent's printed name: _____.

Parent's Signature: _____.