

Pella Lutheran Church Youth Group Event Permission Form

Function and Location

Date(s) of Event

I give permission for _____ to attend the function listed above. In the event that an emergency arises, I authorize the adult chaperone from Pella Lutheran Church in Waupun, Wisconsin to seek immediate medical care, including care rendered through a physician or hospital if necessary.

Youth Name

Youth's Date of Birth

Signature of Parent or Guardian

Today's Date

Relationship to Child

Emergency Phone #

Secondary Phone #

Home Address

Emergency Contact Information (in case you cannot be reached)

Name

Relationship

Phone #

Medical and Insurance Information

Physicians Name

Phone #

Insurance Carrier

Policy #

Group ID

Special Medical, Health, or Allergy Information

