

# Youth Permission Slip

## For activities away from Epiphany Lutheran Church

268 Hill Road  
Pickerington, Ohio 43147  
Office 614 837-2826

I give permission for my child \_\_\_\_\_ to participate in the planned activities with the Epiphany Youth Group designated below. I understand that reasonable plans have been made to ensure the safety and welfare of all participants. I also understand that volunteer adults and staff will be chaperoning youth activities and will take reasonable actions as they deem necessary to protect the best interests of all participants. In signing this document, my child agrees to conduct himself/herself in a safe and orderly manner and will cooperate/comply with decisions made by the adult chaperones.

Activity \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

### Epiphany Youth Group (circle one)

Grades 1-3      AC20 (Grades 3-6)      Grades 4-6

Junior High—Grades 7-8      Senior High - Grades 9-12

Other \_\_\_\_\_

**Transportation:** Rental Van \_\_\_\_\_ Adult Vehicle \_\_\_\_\_ Bus \_\_\_\_\_

I have read and understand the conditions described above and give permission for my child to participate in this youth group activity.

I give my son/daughter \_\_\_\_\_ my permission to ride the church provided vehicles for youth related activities: and release Epiphany Lutheran Church from any damages which may result due to accident or injury. I, the undersigned, hereby authorize a representative of Epiphany Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

\_\_\_\_\_  
parent or guardian (print) \_\_\_\_\_ date

home phone \_\_\_\_\_ cell phone \_\_\_\_\_

other phone \_\_\_\_\_ signature \_\_\_\_\_