

Bethel Lutheran Church PERMISSION FORM & RELEASE

<i>Youth Name:</i>	<i>Home Phone:</i>
<i>Parent(s) Name:</i>	<i>Work Phone:</i>
<i>Address:</i>	<i>Other Number Where Parent Can Be Reached:</i>
<i>City/State/Zip:</i>	<i>Youth's Gender: (Circle One)</i> <i>Male Female</i>
<i>Youth's Date of Birth:</i>	

Parent or Guardian of _____, a youth with the Bethel Youth Group agrees that:

1. The above named student has my permission to participate in the activity of _____.
2. I agree to release Bethel Lutheran Church from any claim for personal injury or damaged resulting from my youth's participation.
3. I understand the activity and give my permission to my youth's participation.
4. I give permission for my youth to travel by the means of church transportation or volunteer drivers.
5. In the event of emergency or medical need, I give permission for medical treatment. I release the following information about my youth:
 - a. Physical problems or limitations: _____
 - b. Current medications: _____
 - c. Drugs or other allergies: _____
 - d. Name and phone # of physician: _____
6. The above named youth is covered by medial/liability insurance _____
7. As the parent or guardian of the above named youth, I am authorized to sign this permission form.

I HAVE READ AND UNDERSTAND THIS PERMISSION FORM AND UNDERSTAND THAT BETHEL LUTHERAN CHURCH IS RELEASED FROM LIABILITY AS A RESULT OF ANY INJURY OR DAMAGES FROM MY YOUTH'S PARTICIPATION IN THIS ACTIVITY. I ALSO UNDERSTAND THAT IN THE EVENT OF EMERGENCY OR MEDICAL NEED, I HAVE GIVEN MY PERMISSION TO HAVE MY CHILD RECEIVE MEDICAL TREATMENT BY THE BEST MEANS AVAILABLE.

(Parent or Guardian Signature)

(Date)