

youth permission

To Whom It May Concern:

I, _____, parent of _____

do hereby authorize _____ and _____

to make any and all emergency decisions regarding the health and well-being

of my above named child during the period _____

(date, time leaving)

to _____, inclusive.

(date, time returning)

Insurance company and numbers _____

Persons name insurance is under _____

Place of employment _____

Telephone numbers _____

(home)

(work)

(emergency)

Are there allergies (medical and other) _____ (Yes) _____ (No). If yes, please

indicate _____

Other information you may want to give (illnesses, permission to give aspirin,
blood type, etc) _____

Please list any prescription and non-prescription medications _____

(signature of parent)

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