

# Youth Permission Slip



To Whom It May Concern:

I, \_\_\_\_\_, parent/guardian 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 \_\_\_\_\_ to \_\_\_\_\_, inclusive.

Event will be located at: \_\_\_\_\_.

|                                   |  |
|-----------------------------------|--|
| Insurance Company and number:     |  |
| Person's name insurance is under: |  |
| Place of employment:              |  |

| Telephone Numbers  | Name | (home) | (work) | (mobile) |
|--------------------|------|--------|--------|----------|
| Parent/guardian #1 |      |        |        |          |
| Parent/guardian #2 |      |        |        |          |
| Emergency          |      |        |        |          |

Are there any allergies? (Circle one.) Yes      No

|                          |
|--------------------------|
| If yes, please indicate: |
|                          |
|                          |

|   |
|---|
| Other information you may want to give (illnesses, permission to give aspirin, blood type, etc.): |
|   |
|   |

|   |
|---|
| Please list any prescriptions and non-prescription medications: |
|   |
|   |
|   |

**Signature of parent / guardian**

King of Kings Lutheran Church  
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 734-971-1417 / [www.kingofkingslutheran.org](http://www.kingofkingslutheran.org)

