

# St. John's Lutheran Church Youth Group Trip Permission Slip

Name of Minor(s): \_\_\_\_\_ Birthdate(s): \_\_\_\_\_

Congregation: \_\_\_ St. John's Lutheran \_\_\_ Other (list) \_\_\_\_\_

Allergies or Special Conditions: \_\_\_\_\_

I/we, being the parent(s) or legal guardian(s) of the above named minor(s), do hereby appoint:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

OR

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

to act on my behalf in authorizing medical, dental, and/or surgical care and hospitalization for the above named minor(s) during the period(s) of their absence from:

\_\_\_\_\_ through \_\_\_\_\_  
(month) (day) (year) (month) (day) (year)

In case of emergency, and I/we are not available, please contact:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In no event shall this delegation of parental rights be effective for more than six months. This document shall be presented to a physician, dentist, or approved hospital representative at such time as medical, dental, and/or surgical care or hospitalization may be required.